



APPENDIX 29.

COMPETENCY CURRICULUM FOR ADVANCED GENERAL DUTY CORPSMAN

APPLICATION OF A SYSTEM APPROACH U.S. NAVY MEDICAL DEPARTMENT EDUCATION AND TRAINING PROGRAMS FINAL REPORT



Prepared under Contract to OFFICE OF NAVAL RESEARCH U.S. DEPARTMENT OF THE NAVY

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The study objective consisted of a determination personnel in the Navy's Medical Department, Burea actually do in their occupations; improving the ption and training); and building a viable career care personnel. Clearly the first task was to de analyses applicable to all system wide health car means of postulating simplified occupational clus	u of Medicine and Surgery personnel process (educa- pathway for all health evelop a system of job re manpower tasks. A

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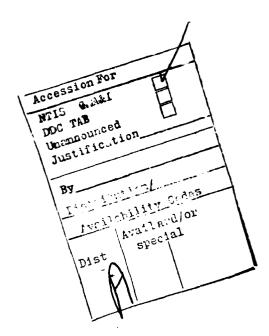
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currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.



FOREWORD

The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories "... expressed in behavioristic terms ..." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed needs. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility test and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have "... precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.

Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

Job Analysis Sub-System

Some twenty task inventory booklets (and associated) response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be reapplied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority of all members of small sub-populations were sought.

Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.

Instructional Sub-System

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. The competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.

Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.

Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital Corps Curriculum. The strategies, aids and modes were selected on the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for self-instruction. The training aids, like strategies, extend from the traditional references and handout material in the form of a student syllabus to mediated programs for selfinstruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indoctrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.

The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in the Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system up-dating, instructional sub-system completion, and full system test and evaluation.

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Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.

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CURRICULUM STATUS WITH CONTINUED DEVELOPMENT RECOMMENDATIONS

A review of this competency curriculum indicates that it is at a preliminary stage of conceptulization. The majority of the modules are at a gross level of development.

Continued development requires not only an expansion of the scope of tasks and performances as they relate to a variety of situations in which the Advanced General Duty Corpsman functions, but an elaboration of the existing modules into a more manageable organization.

An assessment of the Medical Laboratory, Diagnostic Radiograph, Pharmacy, Environmental Health and Dental units needs to be made to determine the adequacy of the modules within these units. The majority of these modules have been transferred from other competency curricula with a minimum of modification. Such an assessment will probably reveal that the level of competency can be altered significantly as it may be too comprehensive for this competency level.

Continued efforts will be benefited by reviewing other competency curricula to assess the usefulness of selecting specific modules which can be modified for this competency area This compilation of modules is a useful baseline for further development.

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COMPETENCY UNIT 1: PATIENT SCREENING

This unit includes the following modules:

Number		Title	Page
1	Sick Call	Screening	2
2	Sick Call	Examinations	3
3	Emergency	Room Triage	4

Unit I: Patient Screening

MODULE 1: SICK CALL SCREENING

TASKS

- a. Screen patient on arrival to determine which staff member patient should see
- b. Have patient complete drug history questionnaire
- c. Determine if personnel on sick call are fit for duty
- d. Authorize excused/light duties
- e. Prepare needed consultation and diagnostic forms, e.g., x-ray, lab

PERFORMANCE OBJECTIVE

(Stimulus) When personnel report for sick call
(Behavior) The AGDC will screen patient for subsequent
treatment by obtaining pertinent information,
e.g., chief complaint, drug history, current
and past treatment, where stationed;
complete appropriate forms

(Conditions) Without supervision: using recessary forms

(Conditions) Without supervision; using necessary forms
(Criteria) Appropriate information obtained and all screening forms completed according to predetermined protocol and medical department requirements

(Consequence) Adequate patient information for determining next step in diagnostic process

(Next Action) Perform sick call exam and/or refer patient to clinic or physician

KNOWLEDGES AND SKILLS

Screening procedures
Interview techniques
Accuracy in recording information on records by
typing and/or printing

Unit I: Patient Screening

MODULE 2: SICK CALL EXAMINATIONS

TASKS

- a. Check patient's sensory responses to taste, smell
- b. Check patient's response to touch, pressure, temperature
- c. Auscultate abdomen for bowel sounds
- d. Auscultate lungs to detect abnormal sounds,
 e.g., rales, wheeze, rhonchi
- e. Palpate abdomen for distension
- f. Examine mucous membranes of nose/throat for inflammation
- g. Examine for/report symptoms of oral abscesses
- h. Report abnormal tissue conditions to dentist

PERFORMANCE OBJECTIVE

(Stimulus) When a preliminary sick call examination is necessary

(Behavior) The AGDC will examine the patient, record the findings from the examination and determine patient's fitness for duty

(Conditions) With indirect supervision; using appropriate instruments for preliminary examination

(Criteria) Physical examination performed according to established protocol; findings recorded completely and accurately

(Consequence) Preliminary diagnostic information obtained to determine subsequent treatment required

(Next Action) Refer to physician/clinic or provide treatment

KNOWLEDGES AND SKILLS

Protocol for performing preliminary physical examination
Anatomy and physiology
Recognition of abnormal conditions relative to preliminary physical examination

Unit I: Patient Screening

MODULE 3: EMERGENCY ROOM TRIAGE

TASKS

a. Obtain chief complaint

b. Evaluate injury and separate into categories

c. Refer to appropriate area for care

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to screen patients in the emergency

room

(Behavior) The AGDC will perform the necessary triage by

obtaining the patient's chief complaint, evaluating

the injury or medical condition and referring or transferring the patient to the correct source

for the level of care indicated by the patient's

condition

(Conditions) With indirect supervision

(Criteria) Appropriate evaluation of injury or condition;

referral accomplished and medical care obtained according to established procedures for referring and transferring patients for care in an emergency

situation

(Consequence) Patient is directed to appropriate source for

appropriate diagnostic care and/or treatment

KNOWLEDGES AND SKILLS

Interview techniques

Assessment/evaluation of patient complaints

Established protocol for referring/transferring

patients in an emergency situation

COMPETENCY UNIT II: OBTAINING PATIENT HISTORY

This unit includes the following modules:

Number	Title	Page
1	History of Present Illness	6
2	Family History	7
3	Social History	8
4	Past Medical History	9
5	Review of Systems	10

Unit II: Obtaining Patient History

MODULE 1: HISTORY OF PRESENT ILLNESS

TASKS

- Elicit chief complaint
- Elicit patient identifying information, e.g., age, race, sex, occupation
- Obtain information from patient regarding onset and course of symptoms of chief complaint
- Elicit significant negatives pertaining d. to systems involved
- Elicit pertinent symptom-descriptive clues, e.g., location, radiation, character, severity, time relations, related events, relief
- Elicit other symptoms associated with complaint f.

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PERFORMANCE OBJECTIVE

(Conditions)

Upon receiving patient for general physical exam (Stimulus)

or treatment of specific complaint

The AGDC will elicit all information pertinent (Behavior) to patient's present illness with special reference

to chief complaint With supervision; in an examination room or office

with relaxed atmosphere; using appropriate

history forms

Adequate, accurate information obtained according (Criteria)

to protocol

Accurate determination, description and recording (Consequence)

of patient's present illness

Collect additional subjective data per medical (Next Action) history protocol and/or report to supervisor

KNOWLEDGES AND SKILLS

Anatomy and physiology Medical terminology Interview techniques

Unit II: Obtaining Patient History

MODULE 2: FAMILY HISTORY

TASKS

- a. Elicit ages and health of parents, siblings and children
- b. Elicit age at death and cause of death of parents, siblings and children
- c. If suspicion of an inherited abnormality arises, elicit information to include a family chart of as many blood relatives as possible
- d. Obtain information on diseases that run in the family
- e. Obtain family history of specific significant diseases, e.g., present illness, heart disease, kidney disease, hematologic disease

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a general physical exam or treatment for a specific complaint The AGDC will elicit all information pertaining (Behavior) to family history with special emphasis on those areas related to patient's present illness Without supervision; in an examination room or (Conditions) office with a relaxed atmosphere; using appropriate history forms Accurate and complete description of patient's (Criteria) family history and associated factors is obtained according to protocol Accurate determination, description and recording (Consequence) of patient's family history with special reference to all areas related to present illness Collect additional subjective data per medical (Next Action) history protocol and/or report to supervisor

KNOWLEDGES AND SKILLS

Familiarity with inherited family diseases
Interviewing techniques
Areas covered in family history protocol

Unit II: Obtaining Patient History

MODULE 3: SOCIAL HISTORY

TASKS

- a. Elicit developmental factors which played a role in producing the patient's present status
- b. Elicit chronological review of the patient's entire life including place of birth, current residence, marital status, education, occupational history, leisure time, hobbies and habits
- c. Elicit religious information on patient
- d. Elicit financial and insurance information
- e. Elicit information on any environmental or other factors which might relate to present or potential illness, e.g., exposure to fumes, marital problems

PERFORMANCE OBJECTIVE

(Stimulus)	Upon receiving a patient for a general physical exam or treatment for a specific complaint
(Behavior)	The AGDC will elicit information pertaining to the patient's social history with special reference to those items contributing to present
	illness
(Conditions)	Without supervision; in an examination room or
	office with a relaxed atmosphere; using appropriate history forms
(Criteria)	Accurate description of patient's social history and associated factors is obtained according to social history protocol
(Consequence)	Accurate determination, description and recording of the patient's social history with special reference to all areas related to present illness
(Next Action)	Collect additional subjective data per medical history protocol and/or report to supervisor

KNOWLEDGES AND SKILLS

Aspects of patient's social history which may be involved/reflected in present illness
Interview techniques

Unit II: Obtaining Patient History

MODULE 4: PAST MEDICAL HISTORY

TASKS

- a. Elicit information on past hospitalization(s)
- b. Elicit history of childhood illnesses and consequences
- c. Elicit history and consequences of adult illnesses in chronological order
- d. Select all pertinent information from old medical records

PERFORMANCE OBJECTIVE

(Stimulus) When a complete history is indicated

(Behavior) The AGDC will elicit all pertinent information regarding the patient's past medical history with special reference to those areas which may

have bearing on the present illness

(Conditions) With supervision; in an examination room or

office with a relaxed atmosphere; using appropriate

history forms

(Criteria) Complete, accurate past medical history is

obtained according to protocol

(Consequence) Accurate determination, description and recording

of the patient's past medical history with special reference to all areas bearing on present illness

(Next Action) Collect additional subjective data per medical

history protocol and/or report to supervisor

KNOWLEDGES AND SKILLS

Anatomy and physiology Medical terminology Interview techniques

Unit II: Obtaining Patient History

MODULE 5: REVIEW OF SYSTEMS

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- a. Elicit information/symptoms pertaining to skin, hair and nails
- b. Elicit information/symptoms pertaining to the head
- c. Elicit information/symptoms pertaining to the eyes
- d. Elicit information/symptoms pertaining to the ears, nose, throat
- e. Elicit information/symptoms pertaining to the respiratory system
- f. Elicit information/symptoms pertaining to the cardiac system
- g. Elicit information/symptoms pertaining to the gastrointestinal system
- h. Elicit information/symptoms pertaining to the genitourinary system
- Elicit information/symptoms pertaining to the neurological system
- j. Elicit information/symptoms pertaining to the musculoskeletal system
- k. Elicit information/symptoms pertaining to psychiatric problems

history, social history and review of systems

PERFORMANCE OBJECTIVE

(Stimulus)	Upon receiving a patient for a general physical exam or treatment for a specific complaint
(Behavior)	The AGDC will elicit information pertaining to each body system with special reference to symptoms related to present illness
(Conditions)	With supervision; in an examination room or office with relaxed atmosphere; using appropriate history forms
(Criteria)	Complete and accurate review of systems is obtained according to protocol
(Consequence)	Accurate determination, description and recording of information concerning the patient's body systems with special reference to all areas related to present illness
(Next Action)	Record accumulated information regarding patient's present illness, past medical history, family

MODULE 5 (Continued)

KNOWLEDGES AND SKILLS

Anatomy and physiology Medical terminology Interviewing techniques Review of systems protocol

COMPETENCY UNIT III: PHYSICAL EXAMINATION

This unit includes the following modules:

Number	Title	Page
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2	General Appearance	14
3	Skin	15
4	Skeletal System	16
5	Head	17
6	Eyes	18
7	Ears	19
8	Nose	20
9	Mouth and Throat	21
10	Neck	22
11	Lymph Nodes	23
12	Chest and Lungs	24
13	Heart	25
14	Abdomen	26
15	Female Genitalia	27
16	Male Genitalia	28
17	Rectal Area	29
18	Neurologic System	30

Unit III: Physical Examination

MODULE 1: VITAL SIGNS

TASKS

- Determine temperature by oral, rectal or axillary mode
- b. Determine apical/radial/femoral/carotid pulse rate
- c. Determine respiratory rate
- d. Take blood pressure

PERFORMANCE OBJECTIVE

(Stimulus) Upon receipt of patient for a physical exam
(Behavior) The AGDC will determine and record patient's blood pressure, temperature, pulse rate and respiratory rate

(Conditions) Without assistance; using a sphygmomanometer, thermometer, stethoscope and watch

(Criteria) Accuracy in determining blood pressure, temperature, pulse and respiration rates; recognition of

abnormalities and irregularities

(Consequence) Accurate determination and recording of blood pressure, temperature, pulse and respirations;

description of abnormalities and irregularities (Next Action) Obtain additional objective data per physical

exam protocol

KNOWLEDGES AND SKILLS

Use of sphygmomanometer, thermometers, stethoscope Normal standards
Recognition of irregularities and abnormalities

Unit III: Physical Examination

MODULE 2: GENERAL APPEARANCE

TASKS a. Observe and record general appearance of

patient

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a physical exam (Behavior) The AGDC will observe and describe/record the

patient's general appearance, e.g., attitude,

mental status, body build (Conditions) Without supervision; using appropriate physical

exam forms

(Criteria) Accurately describing patient's general appearance

(Consequence) Observation, description and recording of patient's general appearance providing information about patient's personality, distress, and reaction to

his disease

(Next Action) Collect additional objective data per physical

exam protocol

KNOWLEDGES AND SKILLS

Observational techniques

Unit III: Physical Examination

MODULE 3: SKIN

TASKS

- a. Observe skin for texture, moisture, elasticity and temperature
- b. Observe color of mucous membranes and nail beds
- c. Observe for abnormalities of hair, i.e., amount and distribution
- d. Observe skin for eruptions/scars/discoloration

PERFORMANCE OBJECTIVE

(Stimulus)

Upon receiving a patient for a physical exam or for treatment of a specific skin condition

(Behavior)

The AGDC will observe and palpate skin areas to determine condition of skin and identify specific anomalies

(Conditions)

Without supervision; using appropriate physical exam forms

Accurately determine and describe condition of patient's skin

(Consequence) Determination, description and recording of patient's skin condition

(Next Action) Collect additional objective data per physical exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of the skin Recognition of normal, healthy skin condition vs. skin anomalies

Unit III: Physical Examination

MODULE 4: SKELETAL SYSTEM

TASKS

- a. Observe for deformities and gross abnormalities of skeletal framework
- b. Examine for mobility of joints and spine
- c. Examine for bony tenderness
- d. Examine for clubbing, edema, varicosities

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a physical exam or for treatment of specific conditions involving the spine, joints and/or bony framework (Behavior) The AGDC will examine the patient's spine, joints and bony framework (Conditions) In a well-lighted examination room; using an exam table and appropriate physical exam forms (Criteria) Complete and accurate description of abnormalities, deformities or other conditions of the spine, joints and bony framework according to protocol (Consequence) Determination and recording of the condition of the patient's joints, spine and skeletal framework

KNOWLEDGES AND SKILLS

exam protocol

(Next Action)

Anatomy and physiology of the skeletal system
Recognition of normal vs. abnormal skeletal
conditions
Procedures and techniques to carry out a range
of motion examination
Palpation techniques

Collect additional objective data per physical

Unit III: Physical Examination

MODULE 5: HEAD

TASKS a. Observe patient's head

b. Palpate patient's head

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a physical exam or for treatment of a specific condition

involving the head

(Behavior) The AGDC will observe and palpate patient's head,

examining for size, shape, evidence of trauma, tenderness, signs of injury or abnormality

(Conditions) Without supervision; using appropriate physical

exam forms

(Criteria) According to protocol, accurately determining and describing the condition and configuration of

the head with special reference to the hair

and scalp (Consequence) Determination, description and recording of condition

of patient's head, providing data to aid in

diagnosis of patient's condition

(Next Action) Collect additional objective data via physical exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of the head Recognition of normal vs. abnormal conditions of the head

Unit III: Physical Examination

MODULE 6: EYES

TASKS

- a. Examine eyelids
- b. Examine conjunctiva
- c. Examine sclera
- d. Examine irises
- e. Observe pupils for size, equality, regularity, reaction to light and accommodation
- f. Observe extraocular movements
- Test gross vision
- Do fundoscopic exam with special reference to lens, optic disc, maculae, retinal vessels, retina and media
- Test field of vision
- Perform tonometry (intraocular pressure)

PERFORMANCE OBJECTIVE

Upon receiving a patient for a physical exam or (Stimulus) for treatment of a specific disease or condition involving the eyes

The AGDC will inspect, test and/or examine all (Behavior) areas of the eye for disease and/or injury Without supervision; using appropriate physical (Conditions)

exam forms, ophthalmoscope, Snellen chart,

tonometer, fundoscope

Accurate determination and description of the (Criteria) physical condition of patient's eyes according to eye examination protocol

Determination, description and recording of (Consequence) condition of patient's eyes

Collect additional objective data per physical (Next Action) exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of the eyes Recognition of normal vs. abnormal conditions of the eyes, including eyelids, conjunctiva, sclera, irises, pupils, lens, optic disc, maculae, retinal vessels, retina, media Use of opthalmoscope, Snellen chart, tonometer, fundoscope Observational techniques

Unit III: Physical Examination

MODULE 7: EARS

TASKS

- a. Examine external auricles
- b. Examine external ear canals
- c. Examine mastoid processes
- d. Examine tympanic membranes for perforation
- e. Examine tympanic membranes for mobility, concavity, convexity
- f. Test mobility, gross hearing (whispered voice) vs. conversational voice)
- g. Perform Weber test
- h. Perform Rinne test

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a physical exam or for treatment of a specific disease, injury or

other condition involving the ear

(Behavior) The AGDC will inspect, examine and/or test all areas of the ear

(Conditions) Without supervision; in a well-lighted examination

room; using an otosocpe, wrist watch, tuning fork, speculum, pneumatoscope and appropriate physical exam forms

(Criteria) Accurate determination and description of condition

of patient's ears and associated structures according to ear examination protocol

(Consequence) Determination, description and recording of the

condition of patient's ears

(Next Action) Collect additional objective data per physical

exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of ears and associated structures
Recognition of normal vs. abnormal ear conditions
Signs and symptoms of ear pathology
Use of associated equipment, e.g., otoscope, pneumatoscope, tuning fork, speculum

Unit III: Physical Examination

MODULE 8: NOSE

TASKS

- a. Examine external configuration of the nose
- b. Examine vestibule
- c. Examine nasal septum
- d. Examine lower turbinate
- e. Test airway patency by occluding one nostril at a time

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a physical exam or treatment of a specific disease, injury or other condition of the nose

(Behavior) The AGDC will inspect, examine and/or test all areas of the nose for disease, injury, obstruction and/or other abnormalities

(Conditions) Without supervision; in a well-lighted examination room; using appropriate physical exam forms,

otoscope, nasal speculum

(Criteria) Accurate determination and description of the condition of patient's nose and associated

structures according to protocol

(Consequence) Determination, description and recording of the

condition of patient's nose

(Next Action) Collect additional objective data per physical exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of the nose and associated structures

Recognition of nasal abnormalities Use of otoscope, nasal speculum

Unit III: Physical Examination

MODULE 9: MOUTH AND THROAT

TASKS

- a. Examine lips
- b. Examine teeth
- c. Examine gums
- d. Examine tongue
- e. Examine mucosa of cheeks, palate, etc.
- f. Examine salivary glands
- g. Examine tonsils
- h. Examine pharynx

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a physical exam

or treatment of a specific disease, injury or other condition involving the mouth and throat

(Behavior) The AGDC will examine and palpate all areas of

the mouth and throat

(Conditions) Without supervision; in a well-lighted examination

room; using appropriate physical exam forms,

tongue blades, light source

(Criteria) Accurate determination and description of the

condition of patient's mouth and throat

according to examination protocol

(Consequence) Determination, description and recording

of the condition of patient's mouth and/or throat

(Next Action) Collect additional objective data per physical

exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of mouth and associated structures

Recognition of normal vs. abnormal conditions of

the mouth and throat Use of tongue blade

Observational techniques

Palpation techniques

Unit III: Physical Examination

MODULE 10: NECK

TASKS

Examine thyroid gland

Perform palpation to determine position and movement of trachea

c. Examine for nuchal rigidityd. Examine lymph nodes

e. Examine neck veins and arteries

PERFORMANCE OBJECTIVE

(Stimulus)	Upon receiving a patient for a physical exam or
	for treatment of a specific condition of the neck
(Behavior)	The AGDC will examine all areas of the neck
(Conditions)	Without supervision; in a well-lighted examination
	room; using appropriate physical exam forms
(Criteria)	Accurate determination and description of the
	condition of patient's neck and associated
	structures
(Consequence)	Determination, description and recording of
	the condition of patient's neck
(Next Action)	Collect additional objective data per physical exam protocol
	evan brococar

KNOWLEDGES AND SKILLS

Anatomy and physiology of neck and associated structures Recognition of normal vs. abnormal conditions of the neck Palpation techniques

Unit III: Physical Examination

MODULE 11: LYMPH NODES

TASKS a. Palpate lymph nodes

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a physical exam or treatment of a specific condition involving

the lymph nodes

(Behavior) The AGDC will palpate the lymph nodes

(Conditions) In a well-lighted examination room; using an examination table, drape, appropriate physical

exam forms

(Criteria) Complete and accurate description of any tenderness,

hardness, swelling or other abnormal conditions

of lymph nodes

(Consequence) Determination, description and recording of the

condition of patient's lymph nodes

(Next Action) Collect additional objective information per

physical exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of the lymphatic system Recognition of normal vs. abnormal conditions of the lymphatic system

Palpation techniques

Unit III: Physical Examination

MODULE 12: CHEST AND LUNGS

TASKS

- a. Observe respiratory movements
- b. Observe symmetry with deep breath
- c. Percuss diaphragm and determine excursion and symmetry
- d. Percuss posterior lung fields (resonance)
- e. Auscultate apices and bases (rales, rubs)
- f. Palpate for presence of rhonchal fremitus and friction rubs
- g. Examine for egophony
- h. Examine for masses in breasts and/or discharge from nipples

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving patient for a physical exam or treatment of a specific condition involving the

chest or lungs

(Behavior) The AGDC will examine, palpate, percuss and

auscultate all areas of the chest and lungs

(Conditions) Without supervision; in a well-lighted examination

room; using appropriate physical exam forms,

stethoscope

(Criteria) Accurate determination and description of the

condition of patient's chest, lungs and associated

structures according to standard examination

procedures and protocol

(Consequence) Determination, description and recording of the

condition of patient's chest and lungs

(Next Action) Collect additional objective data per physical

exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of chest, lungs and

associated structures

Recognition of normal vs. abnormal conditions

of the chest and lungs

Unit III: Physical Examination

MODULE 13: HEART

TASKS

- a. Inspect precordium for abnormal fullness and pulsation
- b. Palpate precordium for shocks and thrills
- c. Palpate suprasternal notch
- Percuss chest to determine approximate size of heart
- e. Auscultate for rate, rhythm, murmurs, venous hum, friction rub

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a physical exam or treatment of a specific condition involving the chest

(Behavior) The AGDC will inspect, palpate, percuss and auscultate the heart

(Conditions) With limited supervision; in a well-lighted room; using an examination table, stethoscope, appropriate forms

(Criteria) Accurate determination and description of the present functioning/status of the heart according to examination protocol

(Consequence) Determination, description and recording of the status of the patient's heart

(Next Action) Collect additional objective data for data base per exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of heart and associated systems
Recognition of normal vs. abnormal conditions of the heart
Adequate hearing
Use of stethoscope
Palpation and auscultation technique
Auscultation positions, e.g., lateral decubitus, sitting

Unit III: Physical Examination

MODULE 14: ABDOMEN

TASKS

a. Inspect abdomen b. Percuss abdomen Auscultate abdomen Palpate abdomen d.

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a physical exam or treatment of a specific abdominal condition The AGDC will inspect, percuss, auscultate and (Behavior) palpate the abdominal area

Without supervision; in a well-lighted examination (Conditions)

room; using an examination table, appropriate

physical exam forms, stethoscope

Accurate determination and description of the (Criteria) condition of patient's abdomen according to

abdominal exam protocol

Determination, description and recording of the (Consequence) state of patient's abdominal area providing pertinent information for diagnosis of patient's

condition

Collect additional objective data per physical (Next Action)

exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of abdomen and associated structures

Recognition of normal vs. abnormal conditions of abdomen and associated structures

Use of stethoscope

Observational techniques

Percussion, auscultation and palpation techniques

Inspection for: contour, engorged veins,

retractions, protrusions, visible peristalsis Percussion of kidneys, spleen, bladder for:

dullness, distension, shifting dullness Auscultation for: peristaltic sounds, bruits

Palpation of liver, spleen, kidneys for: tenderness, resistance, rigidity, fluid wave, masses, hernia

Unit III: Physical Examination

MODULE 15: FEMALE GENITALIA

TASKS

- Examine external genitalia for signs of inflammation, swelling, bleeding, discharge
- b. Examine vagina and cervix
- Palpate uterus and adnexa for size, position and consistency
- d. Examine for cystoceles/rectoceles

PERFORMANCE OBJECTIVE

Upon receiving a female patient for a physical (Stimulus) exam or treatment of a specific condition involving the genitalia

The AGDC will examine and palpate genitalia, (Behavior) noting abnormalities

(Conditions) Without supervision but with the assistance of a nurse or hospital Corpswave; in a well-lighted room; using an examination table with appropriate pelvic exam equipment, appropriate physical exam forms, sterile exam gloves, vaginal speculum, lubricating jelly

Accurate determination and description of condition (Criteria) of patient's genitalia and associated structures according to standard procedures and protocol

(Consequence) Determination, description and recording of condition of genitalia and associated areas (Next Action) Collect additional objective data per physical

exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of female genitalia and associated structures Recognition of normal vs. abnormal conditions Use of vaginal speculum Preparation of slides, smears, cultures Procedures and techniques for examination of the female genitalia

Unit III: Physical Examination

MODULE 16: MALE GENITALIA

TASKS

- a. Examine penis/scrotum/testes/epididymis
- b. Examine spermatic cords
- c. Examine testicular masses by transillumination
- d. Examine accessory glands, i.e., prostate, Cowper's
- e. Palpate inguinal canals and groin area
- f. Examine for congenital malformations
- g. Examine for discharge/ulcerations
- h. Examine for hernia

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a male patient for a physical exam or treatment of a specific condition involving the genitalia

(Behavior) The AGDC will examine and palpate the genitalia,

noting any abnormal conditions
(Criteria) Accurate determination and description

(Criteria) Accurate determination and description of the condition of patient's genitalia according

to standard procedures and protocol

(Consequence) Determination, description and recording of

findings involving condition of the male genitalia

and related areas

(Next Action) Collect additional objective data per physical

exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of male genitalia and associated structures

Recognition of normal vs. abnormal conditions of

male genitalia

Digital examination technique

Preparation of slides, smears, cultures

Unit III: Physical Examination

MODULE 17: RECTAL AREA

TASKS

- a. Examine for hemorrhoids and/or masses
- b. Examine for anal fissures and/or fistulas
- c. Examine for sphincter tone
- d. Examine prostate for size, shape and consistency

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient for a physical exam or treatment of a specific condition involving the rectal area

(Behavior) The AGDC will examine and palpate the rectal

(Conditions) Without supervision but with the assistance of a nurse and/or Corpswave for female patient; in a well-lighted room; using an examination table, rectal glove, lubricating jelly and appropriate physical exam forms

(Criteria) Accurate determination and description of condition of patient's rectal area and associated structures according to rectal examination protocol

(Consequence) Determination, description and recording of condition of rectal area

(Next Action) Collect additional objective data per physical exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of rectal area and associated structures
Recognition of normal vs. abnormal rectal conditions
Proper use of rectal glove

Unit III: Physical Examination

MODULE 18: NEUROLOGICAL SYSTEM

TASKS

- a. Note patient's mental status
- b. Test cranial nerves
- c. Test sensory perception, e.g., vibratory response, pain
- d. Test deep tendon reflexes
- e. Test Babinski reflex
- f. Test muscle strength, status and tone
- g. Test coordination (finger to nose, heel to knee)
- h. Test cerebellar functions
- i. Test gait
- j. Test autonomic functions
- k. Test for pupillary response
- 1. Test for Kernig's sign
- m. Test for stiffness of neck

PERFORMANCE OBJECTIVE

(Stimulus)	Upon receiving a patient for a physical exam
	or treatment of a specific neurological difficulty
/	

(Behavior) The AGDC will examine and test all areas of the neurological system

(Conditions) Without supervision; in a well-lighted room; using an examination table, tuning fork, percussion hammer, reflex hammer, pocket light screener, tongue blades, cotton swabs and

appropriate physical exam forms

(Criteria) Accurate determination and description of the patient's neurological condition according to standard neurological procedures and protocol

(Consequence) Determination, description and recording of patient's neurological condition

(Next Action) Collect additional objective data per physical exam protocol

KNOWLEDGES AND SKILLS

Anatomy and physiology of nervous system and associated factors
Recognition of normal vs. abnormal neurological

condition

Use of tuning fork, percussion hammer, tongue blades, cotton swabs

Competency: ADVANCED GENERAL DUTY CORPSMAN (AGDC)
COMPETENCY UNIT IV: ADMINISTRATIVE AND CLERICAL DUTIES
This unit includes the following modules:

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2	Record Maintenance	32
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Unit IV: Administration and Clerical Duties

MODULE 1: RECORD MAINTENANCE

TASKS

- a. Log in patients to clinic/department/sick call
- b. Keep and update files of personnel with history of communicable diseases
- c. File completed/returned chits/reports in patient record
- d. Schedule appointments for clinic/department, e.g., maintain appointment book
- e. Maintain call list to fill broken/cancelled appointments

PERFORMANCE OBJECTIVE

(Stimulus) Routinely and upon receiving a patient in the medical facility

(Behavior) The AGDC will log in patient, schedule appointments

and maintain records (Conditions) Without supervision

(Criteria) According to BuMed instructions

(Consequence) Complete and accurate maintenance of personnel

health records

KNOWLEDGES AND SKILLS

Command policies/BuMed instructions Interpersonal skills

Unit IV: Administrative and Clerical Duties

MODULE 2: REPORTS

TASKS a. Prepare report of medical examination

b. Record physician's examination findings

c. Make entries on chronological record

PERFORMANCE OBJECTIVE

(Stimulus) When necessary

The AGDC will prepare reports, make required (Behavior)

entries on the chronological record and record physician's examination findings

Without supervision; using required forms (Conditions)

Accurately recording information (Criteria)

Information entries complete and accurate (Consequence)

(Next Action) File reports/records

KNOWLEDGES AND SKILLS

Command policy

Medical terminology Standard health record forms

Legible penmanship

COMPETENCY UNIT V: ROUTINE MEDICAL LABORATORY DIAGNOSTIC PROCEDURES

This unit includes the following modules:

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8	Basic Coagulation Screening	44
9	Erythrocyte Sedimentation Rate	45
10	Primary Culturing, Smear Preparation and Staining	46
11	Processing Specimens for Culturing and Staining	47
12	Microscopic Interpretation of Bacteria	48
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14	Mycology Testing	50
15	Specimen Preparation for Parasitic Examination	51
16	Basic Fecal Chemical Analysis	52
17	Syphilis Screening	53

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 1: CAPILLARY BLOOD SPECIMEN COLLECTION

TASKS

- Prepare site for capillary puncture, i.e., finger tip, toe, ear lobe or heel
- Collect blood in proper receptacles for b. tests requested
- Prepare blood film on slide c.
- Make dilutions

PERFORMANCE OBJECTIVE

(Stimulus) When a capillary blood specimen is required for diagnosis

(Behavior) The AGDC will prepare site, collect capillary blood in proper receptacles and, when necessary, make

blood films on slides and dilute specimens Without supervision; using alcohol sponges, (Conditions) hemolets, capillary tubes (with and without

anticoagulants), glass slides, calibrated pipettes,

diluting fluids

(Criteria) Blood must be obtained from site at which the circulation is adequate; the blood should be free flowing and not diluted with tissue juices or alcohol; the blood film must be adequate and the dilutions should be accurately made

Adequate capillary blood specimen for the tests (Consequence) requested is collected and prepared for analysis

KNOWLEDGES AND SKILLS

Appropriate body sites from which to obtain capillary blood Appropriate methods for stimulating circulation at puncture site Criteria for making adequate blood smear Appropriate diluting fluids Dilution procedures Proper receptacle for specific test Capillary puncture techniques Procedures for filling capillary tubes from a puncture wound Principles and techniques of diluting with micropipettes Principles and procedures for making adequate peripheral blood films

Unit V: Routine Medical Laboratory Diagnostic Procedures

VENOUS BLOOD SPECIMEN COLLECTION MODULE 2:

TASKS

Position patient a.

Select venipuncture site b.

Prepare venipuncture site Perform venipuncture with vacutainer or

with needle and syringe e. Collect specimen

Change vacutainer tube or syringe

Label tubes

PERFORMANCE OBJECTIVE

(Stimulus) When a venous blood specimen is required for diagnosis

(Behavior) The AGDC will position patient, select and prepare venipuncture site, perform venipuncture, collect adequate and appropriately preserved or anticoagulated specimen and label tubes

(Conditions) Without supervision; using alcohol sponge,

tourniquet, vacutainer, needle adaptor or needle and syringe, tubes with and without anticoagulants

(Criteria) Clean, swift venipunture with minimal patient trauma; specimen collected must be in the appropriate amount and proper container for

laboratory analysis

Adequate venous blood specimen collected for (Consequence) required tests

Check venipuncture site for bleeding and apply (Next Action) adhesive strip if necessary; perform test or send specimen to appropriate area for testing

KNOWLEDGES AND SKILLS

Patient positioning for venipuncture Proper venipuncture sites Proper preservation procedures, e.g., immediate cooling for ammonia or acid phosphatase Principles and use of anticoagulants Use of vacutainer Use of needle and syringe Proper tubes and anticoagulants to use for specific tests Care of patient following venipuncture Technique for venipuncture with minimum patient

trauma

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 3: LABORATORY SPECIMEN HANDLING

TASKS

- a. Measure/dilute/preserve lab specimen, e.g., urine, blood, for subsequent testing
- b. Prepare/preserve routine (nontissue) lab specimen for shipment
- c. Centrifuge blood and separate serum or plasma

PERFORMANCE OBJECTIVE

(Stimulus) When necessary to prepare laboratory specimen for subsequent testing

(Behavior) The AGDC will prepare the specimen for testing or shipment

(Conditions) Using available lab materials in an inpatient situation

(Criteria) According to the nature of the specimen and

type of examination to be performed

(Consequence) Proper preparation/preservation of lab samples to insure accurate test results

(Next Action) Record and report

KNOWLEDGES AND SKILLS

Procedures to centrifuge blood, separate plasma and serum

Techniques to prepare/preserve lab specimens for testing/shipment

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 4: ROUTINE URINALYSIS

TASKS

- a. Determine color and clarity of urine by visual inspection
- b. Determine specific gravity of urine
- c. Determine pH of urine
- d. Determine presence and concentration (semiquantitative estimate) of protein in urine

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- e. Determine presence and concentration (semiquantitative estimate) of reducing substances in urine
- f. Determine presence and concentration (semiquantitative estimate) of glucose in urine
- g. Determine presence and concentration (semiquantitative estimate) of ketone bodies in urine
- h. Determine presence and concentration (semiquantitative estimate) of blood in urine
- i. Determine presence and concentration (semiquantitative estimate) of bile in urine
- j. Identify and semiquantitate (estimate number per high power/low power field) organized substances on slide preparation of urinary sediment by microscopic examination
- k. Identify unorganized substances on slide preparation of urinary sediment by microscopic examination
- 1. Prepare report of results

PERFORMANCE OBJECTIVE

(Stimulus) (Behavior) (Conditions) When routine urinalysis is required for diagnosis The AGDC will perform routine urinalysis Without supervision; using refractometer, urinometer, centrifuge, microscope, glass slides and coverslips, commercial reagents, control specimens and procedure manual

(Criteria) (Consequence)

Control specimens produce expected results Valid report of semiquantitative results on appropriate form

(Next Action) Report physiologically incompatible results to supervising physician

MODULE 4 (Continued)

KNOWLEDGES AND SKILLS

Types of urine specimens (timed, random, early a.m., 24-hour) required, if any, for each task Types of urine preferred, if any, for each task Chemical and physical changes that occur in urine upon standing Urine preservatives required/preferred, if any, for each task Urine specimen collection techniques Color of urine and variations of diagnostic significance Causes of cloudy/milky appearance of urine Reagent stability and methods of determining reagent potency Technical precautions necessary to maintain reagent potency Technical precautions necessary to achieve accurate and reproducible test results Normal ranges for each test result Physiologic incompatibilities of test results Use and operation of refractometer, urinometer, centrifuge and microscope Recognition of microscopic morphology of elements found in urinary sediment Recognition of microscopic morphology of common extraneous contaminants of urinary sediment

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 5: PERIPHERAL MORPHOLOGY TECHNIQUE

TASKS

- a. Fix and stain smears to demonstrate cell morphology
- b. Determine morphological variations of erythrocytes and leukocytes
- c. Determine leukocyte differential
- d. Check smear for adequate morphology and number of platelets

PERFORMANCE OBJECTIVE

(Stimulus) When staining and examination of a peripheral blood film is required for diagnosis (Behavior) The AGDC will prepare smears for microscopic examination by fixing blood film in methanol and staining with Wright's or Wright-Giemsa stain; examine stained slide noting morphology of erythrocytes and leukocytes, differential of leukocytes and number and morphology of platelets (Conditions) With supervision; using Wright's or Wright-Giemsa stain and buffer solution, microscope with oil immersion lens, cell counting tabulator (Criteria) Erythrocytes should be yellowish red and neutrophils should have dark purple chromatin, pink cytoplasm and lilac granules; erythrocytes must be distributed so that appropriate morphology can be distinguished; differentiate 100 leukocytes; abnormal leukocytes should be checked by supervisor; platelets should not be agglutinated (Consequence) A white cell differential count and a platelet estimate are obtained and any morphologic aberrations of erythrocytes, leukocytes and platelets are noted Record results; send slide with abnormal cell (Next Action)

KNOWLEDGES AND SKILLS

Procedures for dehydration and fixation of blood
Principles and use of Romanowsky stains, e.g.,
Wright's, Giemsa's, May-Grunwald
Causes and remedies of abnormal staining colors
Normal and abnormal erythrocyte morphology
Cell maturation and morphologic characteristics
Leukocyte types: normal vs. abnormal, neutrophil,
band, eosinophil, basophil, lymphocyte, monocyte
Recognition of young, immature leukocytes
Recognition of abnormal leukocyte morphology

forms to pathologist for review; file slide

MODULE 5 (Continued)

KNOWLEDGES AND SKILLS

Platelet morphology
Technique for estimating platelet numbers
Normal values
Use of oil immersion microscope
Use of differential cell tabulator

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 6: DETERMINING HEMOGLOBIN CONCENTRATION

TASKS a. Determine hemoglobin concentration using cyanmethemoglobin method

PERFORMANCE OBJECTIVE

(Stimulus) When a hemoglobin determination on a blood sample is required

(Behavior) The AGDC will obtain absorbance reading after diluting .02 ml blood in cyanmethemoglobin and determine hemoglobin concentration in grams/100 ml

(Conditions) Without supervision; using hemoglobin pipette (.02 ml), autodiluter to dispense 5 ml cyanmethemoglobin reagent, graph prepared from known hemoglobin standard (4 concentrations),

curettes, spectrophotometer, reagent blank
(Criteria) Duplicate measurements must agree within + 0.5
grams/100 ml; standard must read within + 3

absorbance units of its original reading on calibration curve; quality control specimen must read within acceptable range; hemoglobin

must be 1/3 the value of the hematocrit

(Consequence) Hemoglobin concentration derived in grams/100 ml

blood

(Next Action) Record results

KNOWLEDGES AND SKILLS

Pipetting techniques
Proper care and use of curettes, spectrophotometers
and autodiluters

Conversion of absorbance reading to hemoglobin concentration from a standard calibration curve

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 7: HEMATOCRIT DETERMINATION

TASKS

a. Perform microhematocrit by centrifugation

PERFORMANCE OBJECTIVE

(Stimulus) Upon determining need for microhematocrit on a blood sample

(Behavior) The AGDC will fill two capillary tubes to approximately 75 percent of capacity with well-mixed blood, seal one end, centrifuge at 16,000 rpm for 3 minutes, read result and note any icteric plasma and/or hemolysis

(Conditions) With limited technical supervision; using capillary tubes, plasticine seal or flame, hematocrit reader, hematocrit centrifuge

(Criteria) Quality control specimens to check technique and centrifuge; specimen must be done in duplicate and agree +1 percent; results should be three times greater than the hemoglobin value +2 percent; specimen must not be hemolyzed

(Consequence) Plasma/packed cell ratio reported as volume/ packed red cells in percent; icteric plasma noted, if present

(Next Action) Report results

KNOWLEDGES AND SKILLS

Principles, use and operation of microhematocrit centrifuge, relation of rpm to relative centrifugal force and to time required for complete packing Proper use of and techniques for obtaining plasma/packed cell ratio from hematocrit reader Normal values Precautions to avoid error, i.e., avoid hemolysis, do not include buffy coat in reading cell level and be sure maximum packing has occurred Techniques for filling and sealing capillary tubes

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 8: BASIC COAGULATION SCREENING

TASKS

- a. Perform tourniquet test
- b. Determine bleeding time
- c. Evaluate clot retraction and clot lysis
- d. Perform prothrombin and partial thromboplastin times (manually or automated)
- e. Perform test for fibrinogen level
- f. Perform test for fibrin split products

PERFORMANCE OBJECTIVE

(Stimulus) Upon receipt of request for basic coagulation screening on a patient

(Behavior) The AGDC will perform tourniquet test, bleeding time, clot retraction, clot lysis, prothrombin time, partial thromboplastin time, fibrinogen

level, and fibrin split products test

(Conditions) With indirect supervision; using sphygmomanometer, stopwatch, hemolet, alcohol sponge, filter paper, clotted whole blood, citrated plasma, water bath at 37 degrees centigrade, pipettes, test tubes, reagent spectrophotometer, fibrin split products kit, fibrometer or other automated coagulation

analyzer

(Criteria) Count petechiae after five minutes with sphygmomanometer properly inflated; perform sharp puncture and regularly absorb blood on filter paper watching time closely; control within proper range on coagulation tests and obtain

adequate duplications

(Consequence) Results obtained for tourniquet test, bleeding time, clot retraction and clot lysis, prothrombin time, partial thromboplastin time, fibrinogen and fibrin split products

(Next Action) Report normal results; present abnormal results to supervising physician for evaluation

KNOWLEDGES AND SKILLS

Methodologies and sources of error for basic coagulation screening tests
Normal values

Operational procedures for any automated coagulation analyzers used

Troubleshooting and minor repair for the automated coagulation analyzers used

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 9: ERYTHROCYTE SEDIMENTATION RATE

TASKS

a. Fill sedimentation rate tube

b. Place in vertical rack

c. Determine erythrocyte sedimentation rate

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of need for erythrocyte sedimentation rate

(Behavior) The AGDC will observe and determine erythrocyte sedimentation rate one hour after filling appropriate sedimentation rate tube to the proper level with appropriately anticoagulated blood

and placing the tube in a vertical rack

(Conditions) With indirect supervision; using Wintrobe or Westegren sedimentation rate tubes, long-tipped

pipettes, vertical positioning racks, timer

(Criteria) Appropriate tube must be filled to the proper mark with well-mixed anticoagulated blood. Avoid bubbles. The tube must be placed in a vertical

position and left standing undisturbed at room temperature for exactly one hour. Test should be initiated within three hours of blood collection

and results read at the appropriate time

(Consequence) Erythrocyte sedimentation rate expressed in

mm/hour

(Next Action) Record result

KNOWLEDGES AND SKILLS

Possible technical conditions causing false/abnormal results
Wintrobe method
Westegren method
Normal values
Pipetting, Westegren
Accurate filling of Wintrobe tube with disposable pipette
Techniques for proper positioning of tube and reading of scale on tube

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 10: PRIMARY CULTURING, SMEAR PREPARATION AND STAINING

TASKS

a. Prepare routine stains

b. Inoculate culture media

c. Prepare routine smears

d. Prepare for bacterial colony counts by calibrated loop

e. Prepare for bacterial counts by dilution

f. Inoculate bacterial broth prior to plating media

g. Stain smears to demonstrate possible presence of bacteria

PERFORMANCE OBJECTIVE

(Stimulus)

Upon determination of need for culturing to determine bacterial growth or for staining

(Behavior)

The AGDC will sterilize a platinum wire loop and inoculate onto media and/or broth, prepare

smear, label slides adequately for identification and delineation of area in which the smear is to

be placed and stain smear

(Conditions) With indirect supervision; using appropriate wire loop, flame, solid and liquid media, glass slides,

chemical and heat fixatives and Gram stains

(Criteria) Upon technical review, growth and isolation of

bacterial colonies, media inoculation and preparation and staining of smears are judged correctly performed according to established quality control criteria, standard testing, staining techniques and modifications, and

laboratory protocol

(Consequence) Consistently valid testing for bacterial growth,

isolation of bacterial colonies with their proper distribution on plates and accurately prepared and stained smears for microbiologic interpretation

(Next Action) Incubate inoculated media for growth and

identification and examine smear microscopically

for interpretation

KNOWLEDGES AND SKILLS

Sterilizing/flaming technique Inoculation techniques

Smear preparation techniques

Preparation techniques for bacterial colony counts

Staining techniques

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 11: PROCESSING SPECIMENS FOR CULTURING AND STAINING

TASKS Select appropriate culture media

b. Log direct smear, stained/unstained

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of need to stain microbiologic

The AGDC will identify the specimen, log it in, (Behavior) determine what diagnostic media (e.g., simple, enriched, selective) or smear (stained or unstained) should be prepared and label the received slides adequately for identification and delineation of

area in which the smear is to be placed

With indirect supervision; using appropriate log (Conditions) and local laboratory list of primary media for

identification of bacterial pathogens

Upon technical review is found correct, i.e., (Criteria) appropriate media and/or smear based on source

of specimen

Determination of appropriate initial media for (Consequence) culture isolation and preparation of correctly

labeled slide

Inoculation of diagnostic media and broth for (Next Action)

growth and further identification of bacterial

pathogens and staining of needed smears

KNOWLEDGES AND SKILLS

Principles and procedures to ensure safety and sterility in handling specimens Types of media most suitable for isolation and identification of pathogens from different sites

Proper slide identification and logging methods Host-parasite relationship as it applies to bacteriologic disease

Clinical correlation

Epidemiology of microbial disease

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 12: MICROSCOPIC INTERPRETATION OF BACTERIA

TASKS a. Recognize bacteria by Gram stain

> Recognize bacteria by special purpose stains b.

Identify bacteria by fluorescent staining

PERFORMANCE OBJECTIVE

(Stimulus) After preparation of a stained specimen for

microscopic interpretation

Quality control procedures

(Behavior) The AGDC will interpret the stained smear by

clinical microscopy

(Conditions) With limited technical supervision; using the

appropriate microscope with proper attachments

(Criteria) Upon technical review is found correctly performed

with regard to quality control and standardization

and according to laboratory examination technique (Consequence)

Proper interpretation of stained bacterial smears

with reliable and reproducible results

(Next Action) Report organisms seen

KNOWLEDGES AND SKILLS

Theory of microscopic illumination Bacterial morphology Bacterial staining properties Normal and abnormal flora Use of light microscopic equipment and attachments Use of fluorescent microscope Identification of microorganisms as to gram-positive and -negative cocci or bacillus Correlation of results with type of specimen

Unit v: Routine Medical Laboratory Diagnostic Procedures

MODULE 13: BACTERIAL RECOGNITION BY CULTURE

TASKS

- Recognize bacteria on basic culture media a.
- Recognize bacteria on selective media C.
- Recognize bacteria on enriched media đ.
- Recognize bacteria by colonial morphology Recognize bacteria by odor characteristics e.

PERFORMANCE OBJECTIVE

(Stimulus) Upon determining need for preliminary

identification of bacteria as to possible

genera and species or group (Behavior)

The AGDC will perform basic pathogen preliminary

identification by morphologic colonial

characteristics and physiochemical reaction on selective or enriched media and report on

(Conditions)

With supervision; using appropriate media,

inoculation, incubation temperature, wire loop

(Criteria)

Upon review is judged correctly performed in accordance with quality control and current

testing procedures

(Consequence) Possible pathogen recognition

(Next Action) Determine if biochemical testing is needed and submit isolates for sensitivity studies, if

KNOWLEDGES AND SKILLS

Basic colonial morphology Growth requirements of microorganisms Enriched and selective media Selection of isolated colonies Techniques of subculturing in media and broth Recognition of common groups of pathogens and

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 14: MYCOLOGY TESTING

TASKS

- Do KOH preps of fungal/yeast specimen a.
- Determine presence of fungus using culture techniques
- c. Determine presence of fungus using staining techniques
- d. Demonstrate capsule by India ink method
- Perform antimicrobial susceptibility testing of fungi
- f. Demonstrate fungus by serologic techniques

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of need for fungal culture and identification

The AGDC will culture the specimen to isolate and (Behavior) identify the etiologic agents, if any, of the

superficial and/or cutaneous mycoses

(Conditions) With supervision; using appropriate bacteriologic hood, incubators, KOH, glass slides, stains, India ink, antibiotics and serologic materials

Performed in accordance with quality control and

(Criteria) standard safety and procedural techniques

Isolation and identification of fungi and their (Consequence) antimicrobial susceptibility

Report results (Next Action)

KNOWLEDGES AND SKILLS

Growth requirements for fungi and yeast Culture and microscopic morphology of fungi and veast

Safety precautions

Morphologic characteristics in vivo and in vitro Recognition of fungi/yeast in KOH prep, stained specimen and culture

Antimicrobial susceptibility testing procedures for fungi

Assimilation and fermentation tests used in the identification of yeasts

Use of microculture for identification of fungi Biochemical tests used for identification of fungi Standard procedure for culture of mycologic specimens

Unit V: Routine Medical Laboratory Diagnostic Procedures

SPECIMEN PREPARATION FOR PAPASITIC EXAMINATION

TASKS

- a. Emulsify feces for testing
- Prepare MIF (merthiolate-iodine-formalin) preparation
- Recover parasitic ova and larvae by flotation method
- Prepare direct fecal smear in hypotonic d. solution
- e. Prepare wet mounts in isotonic solutions
- f. Prepare thick and thin blood smears for blood parasites
- Stain smears to demonstrate parasites a.
- Recover and preserve adult worms for diagnosis

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of need for parasitic examination of feces

(Behavior) The AGDC will prepare specimen for examination for

ova and adult parasites

(Conditions) Without technical assistance; using appropriate glass slides and coverslips, centrifuge, wooden applicator sticks, test tubes and reagents

(Criteria) Performed in accordance with standard parasitologic preparation and examination techniques and procedures

(Consequence) Preparation of fecal and/or body fluid specimen for parasite recovery and identification

(Next Action) Perform microscopic examination of fecal sediment and blood smears

KNOWLEDGES AND SKILLS

Specimen preparation for specific examination Safety precautions in handling biologic material Function and operation of centrifuge and exhaust hood

Principles and techniques of adult parasite preservation for identification Reagent preparation techniques

Stain preparation techniques

Principles and techniques of specimen preparation for parasitic recovery

Preparation of thick and thin blood smears for blood parasite examinations

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 16: BASIC FECAL CHEMICAL ANALYSIS

TASKS

- a. Perform morphologic examination of feces for form, consistency, color, mucus, pus and plant material
- b. Test for occult blood using chemical solutions and reagent strips
- c. Perform qualitative tests for fecal fat, bilirubin, urobilirubin and starch granules by staining methods

ζ

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of need for basic fecal chemical analysis

(Behavior) The AGDC will perform basic fecal chemical assays (Conditions) With limited supervision; using appropriate

reagents, controls and microscope

(Criteria) Performed in accordance with standard parasitologic

technique for microscopic and chemical testing

(Consequence) Valid results on appropriate form demonstrating

diagnostic evidence for proper treatment Refer diagnostic problems to physician and

report results

KNOWLEDGES AND SKILLS

(Next Action)

Anatomy and physiology of hepatic-biliary,
pancreatic and gastrointestinal tracts
Normal value ranges of fecal chemicals found in
fecal specimens
Principles of chemical reactions with feces
Preparation and use of reagents
Principles and operation of microscope

Unit V: Routine Medical Laboratory Diagnostic Procedures

MODULE 17: SYPHILIS SCREENING

TASKS a. Do nontreponemal syphilis tests

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of need for nontreponemal

antibody (reagin) testing

(Behavior) The AGDC will perform qualitative and/or

quantitative syphilis testing

(Conditions) With indirect supervision; utilizing appropriate

glassware, reagents and properly prepared

specimens

(Criteria) Upon technical review, nontreponemal testing

is judged correctly performed with regard to pipetting technique, quality control and utilization of standard testing procedures as

set by the National Communicable Disease Center,

e.g., calibration of delivery needles

(Consequence) Results will demonstrate consistently valid

testing for syphilis

(Next Action) Report results

KNOWLEDGES AND SKILLS

Specimen preparation procedures Commercially available reagents

Preparation of controls

Use of equipment, e.g., rotating machine, glass

slides with ceramic rings, syringes with

calibrated delivery needle

Testing accuracy of delivery needle

Rotation time differences

Reading test results

Use of test kits, e.g., RPR-rapid plasma reagin

(circle) card test kits, microflocculation

testing kits

Clinical correlation

Normal values

Principles of chemical reactions

Confidential nature of information derived from

testing

COMPETENCY UNIT VI: ROUTINE DIAGNOSTIC RADIOGRAPHS

This unit includes the following modules:

Number	Title							Page
1	Making and Processing Routine Radiographs	•	•	•	•	•	•	55
2	Interpretation of Radiographs							56

Unit VI: Routine Diagnostic Radiographs

MODULE 1: MAKING AND PROCESSING ROUTINE RADIOGRAPHS

TASKS

- a. Make and process routine radiographs of extremities, e.g., upper, lower
- Make and process routine radiographs of trunk, e.g., chest, abdomen, pelvis
- c. Make and process routine radiographs of head, e.g., skull, mastoids, teeth
- d. Make and process routine radiographs of spinal column, e.g., vertebrae

PERFORMANCE OBJECTIVE

(Stimulus) (Behavior)

Upon determining need for routine diagnostic x-rays The AGDC will make the needed radiographs, process film and prepare it for diagnostic evaluation, and enter appropriate information into records

(Criteria) (Consequence)

Technically adequate radiographs for interpretation Preparation of radiographs for use in diagnosing an injury or other condition

KNOWLEDGES AND SKILLS

Use of x-ray equipment
Techniques for radiographic procedures
Maintenance of logs/records and storage of film
Destruction/disposal of film
Criteria for determining technical adequacy of
radiographs

Unit VI: Routine Diagnostic Radiographs

MODULE 2: INTERPRETATION OF RADIOGRAPHS

TASKS a. Read radiographs of extremities

b. Read radiographs of trunkc. Read radiographs of head

d. Read radiographs of spinal column

PERFORMANCE OBJECTIVE

(Stimulus) After processing films

(Behavior) The AGDC will read radiographs

(Conditions) In consultation with physician as required; using

the current radiologic texts

(Criteria) Read films with radiologic competency

(Consequence) Recognition of abnormal conditions appearing on

radiographs

(Next Action) Report and record results; treat or refer; order

further studies as indicated

KNOWLEDGES AND SKILLS

Radiographic techniques
Anatomy
Use of reference texts
Radiographic interpretation; differentiation
between normal and abnormal conditions
Recognition of abnormalities of head
Recognition of abnormalities of extremities
Recognition of abnormalities of abdomen, e.g.,
perforation, obstruction, foreign body,
fluid, air

COMPETENCY UNIT VII: ELECTROCARDIOGRAPHY

This unit includes the following modules:

Number	<u>Title</u>	Page
1	Standard Electrocardiogram	58
2	Electrocardiogram Interpretation	5 9

Unit VII: Electrocardiography

MODULE 1: STANDARD ELECTROCARDIOGRAM

TASKS

a. Prepare conductive pastes

b. Apply/change/adjust leads or needle

electrodes, e.g., monitor ECG

c. Take electrocardiogram

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of need for ECG

(Behavior) The AGDC will set up the ECG machine, explain the

test to patient, apply the electrodes and run a

standard 12 lead ECG

(Conditions) With indirect supervision; using an ECG machine,

electrodes

(Criteria) ECG machine must be standardized to 1 millivolt=

1 cm deflection; electrocardiogram taken according to standard procedures at 25mm/sec or as directed,

free of artifacts, properly labeled

and mounted

(Consequence) Visual graphic display for interpretation of

electrical heart action

(Next Action) Submit tracing for interpretation

KNOWLEDGES AND SKILLS

ECG technique

Electrical safety and grounding

Local mounting technique

Recognition of technical errors or serious

clinical disorder

Use and operation of related equipment, e.g., electrocardiograph apparatus, needle electrode

Unit VII: Electrocardiography

MODULE 2: ELECTROCARDIOGRAM INTERPRETATION

TASKS a. Interpret electrocardiogram

PERFORMANCE OBJECTIVE

(Stimulus) After taking or upon receiving an ECG reading (Behavior) The AGDC will interpret the ECG, noting abnormal rhythms and abnormal morphology, and identifying

common variations of normal rhythms

(Conditions) With indirect supervision; using ECG interpretive

material

(Criteria) Interpretive procedures will be carried out

quickly and accurately

(Consequence) Accurately interpreted electrocardiograms (Next Action) Treat identified patient according to ECG

interpretation

KNOWLEDGES AND SKILLS

Anatomy and physiology of circulatory system Purpose of ECG

COMPETENCY UNIT VIII: PATIENT DIAGNOSIS AND TREATMENT

This unit includes the following modules:

Number	Title	Page
1	Preliminary Diagnosis of Disease or Other Presenting Medical Condition	. 61
2	Initial Treatment of Disease or Other Presenting Medical Condition	• 63

Unit VIII: Patient Diagnosis and Treatment

MODULE 1: PRELIMINARY DIAGNOSIS OF DISEASE OR OTHER PRESENTING MEDICAL CONDITION

TASKS

a. Make preliminary diagnosis of patient condition

b. Evaluate seriousness of patient's condition

PERFORMANCE OBJECTIVE

(Stimulus) When seeing patients independent of a physician (Behavior) The AGDC will make a preliminary diagnosis of patient's condition and determine need for immediate treatment, additional consultation or transfer to other facility Without supervision; using patient's comprehensive (Conditions) history, diagnostic equipment, medical references and manuals of patient conditions (Criteria) Accurate evaluation of patient's condition according to established protocols and procedures Initiate treatment as necessary; notify proper (Next Action) chain of command of diagnosis and prognosis

KNOWLEDGES AND SKILLS

Use and operation of diagnostic equipment Procedures and protocols for preliminary diagnosis of patient conditions, for example: Genitourinary: nephritis, cystitis, urethritis, renal colic, epididymitis, prostatitis Communicable infections: gonorrhea, syphilis, bacillary dysentery, amebic dysentery, hepatitis, mononucleosis, malaria, mumps, chancroid Cardiovascular: cerebrovascular accident, congestive heart failure, angina pectoris, hypertension, myocardial infarction, pulmonary embolism Gastrointestinal: gastroenteritis, stomatitis, appendicitis, ulcer, gastritis, intestinal obstruction, cholecystitis ENT: external ear infection, otitis media, ruptured ear drum, tonsillitis Inflamatory Conditions: arthritis, bursitis Dermatology: eczema, psoriasis, acne, impetigo, toxic dermatosis, fungal skin infection, pilonidal cyst/abscess, herpes labialis, furuncles/carbuncles Respiratory: asthma, bronchitis, pleurisy, pneumonia, sinusitis, tuberculosis

MODULE 1 (Continued)

Eye: conjunctivitis, iritis, stye
Dental: periodontal abscess, cheilosis,
 gingivitis, pericoronitis, pulpitis,
 periapical abscess, denture irritation, oral
 ulcer
Musculoskeletal: hernia
Wound Infections: post-surgical, traumatic

Unit VIII: Patient Diagnosis and Treatment

MODULE 2: INITIAL TREATMENT OF DISEASE OR OTHER PRESENTING MEDICAL CONDITION

TASKS

- a. Provide initial medical care to patient
- b. Prescribe medications
- c. Prescribe therapeutic support
- d. Provide first aid/emergency treatment in life threatening situations

PERFORMANCE OBJECTIVE

(Stimulus) After symptomatic diagnosis of disease or other

presenting medical condition and after consultation with physician, if possible and necessary The AGDC will provide initial medical care to

(Behavior) The AGDC will provide initial medical care to patient, prescribing medications, treatment and therapeutic support as indicated; observe and record patient response; remove patient from

active duty roster, advising the commanding officer as necessary; arrange for transport of patient from ship to physician environment as necessary; provide necessary first aid/emergency care to patients with life threatening conditions or irreversible organ damage prior to contacting

medical officer for definitive treatment procedures
(Conditions) Without immediate supervision; using preliminary

diagnostic information, Merck Manual and related medical reference materials, standard sick bay

equipment and supplies

(Criteria) Initial therapeutic treatment given according to

current treatment protocols and procedures, with concurrence of physician, as necessary; effective treatment to provide relief and prevent further injury or disease; symptomatic relief in absence of communication with physician; effective life saving measures; timely removal of patient from active duty/timely evacuation of patient as indicated; termination or alteration of treatment because of adverse reaction, lack of symptomatic relief or physician consent; accurate medical

records

(Consequence) Proper initial medical care provided to patient

in the absence of a physician

(Next Action) Continue treatment in accordance with physician

consult; eliminate symptomatic complaint and return patient to active duty; complete appro-

priate patient care records

MODULE 2 (Continued)

KNOWLEDGES AND SKILLS

Procedures and protocols for initial patient treatment, for example: Genitourinary: nephritis, cystitis, urethritis, prostatitis, renal colic, epididymitis Communicable infections: gonorrhea, syphilis, bacillary dysentery, amebic dysentery, hepatitis, mononucleosis, malaria, mumps, chancroid Cardiovascular: cerebrovascular accident, congestive heart failure, angina pectoris, hypertension, myocardial infarction, pulmonary Gastrointestinal: gastroenteritis, stomatitis, appendicitis, ulcer, gastritis, intestinal obstruction, cholecystitis, abdominal pain, hemorrhoids external ear infection, otitis media, ENT: ruptured ear drum, tonsillitis, sinusitis, sore throat, colds Inflamatory conditions: arthritis, bursitis Dermatology: eczema, psoriasis, acne, impetigo, toxic dermatosis, fungal skin infection, pilonidal cyst/abscess, herpes labialis, furuncles/carbuncles, skin rashes, allergies Respiratory: asthma, bronchitis, pleurisy, pneumonia, tuberculosis Eye: conjunctivitis, iritis, stye Dental: periodontal abscess, cheilosis, gingivitis, pericoronitis, pulpitis, periapical abscess, denture irritation, oral ulcer Musculoskeletal: hernia Wound infections: post-surgical, traumatic

Competency: ADVANCED GENERAL DUTY CORPSMAN (AGDC)

COMPETENCY UNIT IX: PATIENT FOLLOW-UP

This unit includes the following module:

Number				Page
1	Follow-Up Treatment	 		66

Unit IX: Patient Follow-Up

MODULE 1: FOLLOW-UP TREATMENT

TASKS

- a. Plan/modify diagnostic procedures according to patient's response and need
- b. Confer with medical personnel regarding patient treatment/progress
- c. Modify/change patient treatment plan
- d. Follow up/evaluate patient treatment/progress after discharge from medical facility

PERFORMANCE OBJECTIVE

(Stimulus) (Behavior)	Routinely when treating a patient The AGDC will follow up the patient's progress and response to treatment, confering with other medical personnel when possible, and modify treatment plan according to patient's needs
(Conditions)	Using patient's medical records and reports, current subjective/objective information from other medical personnel, patient, family members, etc.
(Criteria)	Up-to-date treatment plan and follow-up/evaluation reports on file
(Consequence) (Next Action)	Modifications and changes in patient's treatment Continue follow-up

KNOWLEDGES AND SKILLS

Follow-up/evaluation procedures
Discrimination between adequate treatment response and an adverse response which requires change in treatment or additional diagnosis
Awareness of available resources to aid in patient care

COMPETENCY UNIT X: PHARMACY

This unit includes the following modules:

Number	<u>Title</u>	1	age
1	Ordering	•	68
2	Inventory of Drugs Other Than Controlled Substances		69
3	Inventory of Narcotics and Controlled Drugs		70
4	Inventory of Drugs with Expiration Dates	•	71
5	Records for Narcotics and Controlled Substances	•	72
6	Filling and Dispensing of Noncontrolled Drug Prescriptions	•	73
7	Filling and Dispensing Controlled Drug Prescriptions	•	74
8	Maintenance of Poison and Antidote Locker .	•	75
9	Emergency and Special Medical Treatment Kits	•	76
10	Routine Pharmacy Administrative Duties		77

Unit X: Pharmacy

MODULE 1: ORDERING

TASKS

a. Check drug stock for supply needs

PERFORMANCE OBJECTIVE

(Stimulus) When submitting routine orders to replenish stock (Behavior) The AGDC will inventory stock to determine needs

(Conditions) Using stock control cards and local supply

procedures

(Criteria) Timely submission of supply requests to maintain

adequate stock levels in accordance with local

supply procedures

(Consequence) Adequately stocked pharmacy

KNOWLEDGES AND SKILLS

Local supply procedures

Stock control

Unit X: Pharmacy

MODULE 2: INVENTORY OF DRUGS OTHER THAN CONTROLLED SUBSTANCES

TASKS a. Inventory drugs other than controlled substances

PERFORMANCE OBJECTIVE

(Stimulus)
(Behavior)
(Conditions)

(Conditions)

(Criteria)

(Consequence)

(Consequence)

Routinely, on established inventory dates
The AGDC will count each drug product and record
with indirect supervision; using appropriate
recording materials
Performed according to established procedures;
an immediate random audit verifies the accuracy
of the inventory
Accurate record of drugs on hand other than
controlled substances
(Next Action)

Adjust stock to proper levels

KNOWLEDGES AND SKILLS

Location of various drugs Appropriate inventory method Appropriate inventory forms

Unit X: Pharmacy

MODULE 3: INVENTORY OF NARCOTICS AND CONTROLLED DRUGS

TASKS a. Check/count narcotics/controlled drugs

PERFORMANCE OBJECTIVE

(Stimulus) According to established schedule

(Behavior) The AGDC will prepare appropriate letter reports

for the Commanding Officer and precount and arrange controlled drugs as they appear on the

inventory form (Conditions) With supervision

(Criteria) In strict compliance with BuMed instructions and

with no errors

(Consequence) Effective accountability of controlled drugs

(Next Action) Send inventory report to authorizing pharmacist

KNOWLEDGES AND SKILLS

BuMed instructions

Recognition of a controlled drug or narcotic

Inventory procedures

Unit X: Pharmacy

MODULE 4: INVENTORY OF DRUGS WITH EXPIRATION DATES

TASKS a. Monitor expiration dates of pharmaceuticals

PERFORMANCE OBJECTIVE

(Stimulus) Routinely, at standard intervals

(Behavior) The AGDC will check the expiration dates of all appropriate pharmaceuticals and maintain proper

records

(Conditions) With supervision

(Criteria) Minimum amount of drugs have to be returned or

destroyed

(Consequence) Prevention of the use of expired pharmaceuticals,

maintenance of appropriate inventory levels of drugs with expiration dates and recording of

expiration date on appropriate form

(Next Action) Destroy outdated pharmaceuticals or return to

manufacturer according to standard procedures

or supervisor's instructions

KNOWLEDGES AND SKILLS

Location and awareness of the receipt of extension of potency date notices
Which drugs have expiration dates
Use of appropriate forms for record keeping

Unit X: Pharmacy

MODULE 5: RECORDS FOR NARCOTICS AND CONTROLLED SUBSTANCES

TASKS

- a. Make entries into controlled drug/alcohol log
- b. Check/count narcotics/controlled drugs
- Prepare storage for supply of narcotics/ controlled drugs
- d. Prepare summaries of narcotic/controlled drug/ alcohol issues
- Maintain inventory of precious metals/narcotics
- Assist in precious metals/narcotics inventory

PERFORMANCE OBJECTIVE

When filing a prescription for a controlled drug (Stimulus) or narcotic

(Behavior) The AGDC will make appropriate log entries and

obtain necessary signatures

With minimal supervision; using pen, log (Conditions) (Criteria) Accurate running account of narcotics and controlled

drugs kept according to BuMed instructions

Required information recorded legally and correctly (Consequence)

(Next Action) Make reports

KNOWLEDGES AND SKILLS

Use of BuMed and NavMed manuals Record-keeping procedures for narcotics and controlled substances

Necessity for such procedures

Unit X: Pharmacy

MODULE 6: FILLING AND DISPENSING OF NONCONTROLLED DRUG PRESCRIPTIONS

TASKS

- a. Issue filled prescriptions
- b. Transcribe physician's orders
- c. Check prescribed medications for incompatibilities of administration or mixing
- d. Check prescriptions for overdosage
- e. Check prescriptions for accuracy of calculations
- f. Check prescriptions for completeness, e.g., drug, dose, form, prescriber identification
- g. Check prescriptions for incompatibility/ idiosyncracies of concurrently prescribed medications
- h. Number prescriptions with machine

PERFORMANCE OBJECTIVE

(Stimulus) After writing a prescription for a noncontrolled

drug or upon receipt of a prescription

(Behavior) The AGDC will check the prescription for

completeness and accuracy and will fill the

prescription

(Conditions) With supervision

(Criteria) Prescription accurately filled, labeled

and correctly numbered in sequence, according

to established procedures

(Consequence) Correctly filled prescription

(Next Action) File prescription request; have pharmacist dispense

prescription

KNOWLEDGES AND SKILLS

Interpretation of prescriptions

Drug actions

Toxicology of drug
Drug-drug interaction

Drug-drug interactions Drug-food interactions

Generic and trade names of drugs

Reference materials required

Associated pharmaceutical mathematics Recognition of excessive prescribed dose

Compounding techniques

Typing skills

Recognition of physician's writing

Unit X: Pharmacy

MODULE 7: FILLING AND DISPENSING CONTROLLED DRUG PRESCRIPTIONS

a. Fill controlled drug/alcohol prescription Record issued narcotics/controlled drugs and alcohol on perpetual inventory

ċ

PERFORMANCE OBJECTIVE

(Stimulus) After prescribing a controlled drug or upon presentation of a prescription for controlled (Behavior)

The AGDC will check the prescription for completeness and accuracy, fill the prescription, when necessary have patient sign on reverse side of prescription and give any special instructions regarding use of medication, e.g., when driving or operating machines (Conditions)

Without supervision (Criteria) Prescription checked for completeness and accuracy; accurately typed label; prescription correctly numbered in accordance with BuMed instructions and established procedures (Consequence)

Correctly filled controlled drug prescription (Next Action) Record issues; have pharmacist dispense

KNOWLEDGES AND SKILLS

How to fill a prescription BuMed instructions Precautions when taking drugs

Unit X: Pharmacy

MODULE 8: MAINTENANCE OF POISON AND ANTIDOTE LOCKER

TASKS

a. Prepare and maintain antidote section/locker

b. Safeguard poisons

PERFORMANCE OBJECTIVE

(Stimulus) When instructed by supervisor

(Behavior) The AGDC will maintain antidote locker or section, properly store poisons and insure that accurate

record of antidote/poison supply is kept on outside of locker

Outside of locker

(Conditions) Without supervision; using appropriate containers

and specified drugs

(Criteria) According to supervisor's instructions and local

policies

(Consequence) These actions will insure a stock of readily

available antidotes and safeguard poisons

KNOWLEDGES AND SKILLS

Supervisor's instructions

Maintenance of accurate inventory of drugs and

poisons in locker

Rotation of drugs and poisons as required by

expiration date

Unit X: Pharmacy

MODULE 9: EMERGENCY AND SPECIAL MEDICAL TREATMENT KITS

TASKS

a. Prepare, replace and/or restock emergency and

special medical treatment kits

b. Prepare inventory cards

PERFORMANCE OBJECTIVE

(Stimulus) When directed or when kits need to be prepared or restocked

(Behavior) The AGDC will prepare emergency and special medical treatment kits and record control numbers and expiration date on an inventory card

for periodic review
(Conditions) With selective supervision; using appropriate supplies

(Criteria) Prompt and accurate replacement or stocking of kits, e.g., emergency drug kits should be restocked immediately upon return, following BuMed instructions or standards established by the Pharmacy and Therapeutics Committee

and utilizing drugs with longest expiration date (Consequence) Adequate stock of up-to-date emergency and special

medical treatment kits

KNOWLEDGES AND SKILLS

Preparation of inventory cards
Familiarity with packaging and protecting materials
Appropriate containers
Medications and supplies for emergency and special
medical treatment kits, e.g., immunization,
mass casualty, emergency drug supply (kit,
box, drawer) and poison antidote tray

Unit X: Pharmacy

MODULE 10: ROUTINE PHARMACY ADMINISTRATIVE DUTIES

TASKS

- a. Calculate future drug supply requirements for the pharmacy
- b. Prepare the summary of prescriptions filled for inpatients and outpatients monthly/ quarterly for submission to administrative technician
- c. Determine whether to destroy or to return pharmaceuticals to manufacturer
- d. Update narcotic ledger
- e. Sign for narcotics and restricted drugs
- f. Do formal inventory of narcotics and controlled drugs
- g. Complete report forms on adverse drug reaction
- h. Answer inquiries regarding drug reaction
- i. Answer personnel inquiries regarding mixing/ administering

PERFORMANCE OBJECTIVE

(Stimulus)
(Behavior)

When responsible for routine pharmacy duties The AGDC will perform routine administration duties

(Conditions)

Using standard forms

(Criteria) (Consequence) Correctly, according to current BuMed instructions Performance of routine pharmacy administrative

duties

(Next Action) Submit forms as required

KNOWLEDGES AND SKILLS

Use of NavMed instructions manual
Use of typewriter and tape recorder
Familiarity with pharmacy function
Arithmetic and basic algebra
Tables of weights and measures

COMPETENCY UNIT XI: CONSULTATION/REFERRAL

This unit includes the following modules:

Number	Title	Page
1	Consultation/Referral	. 79
2	Transfer of Patient to Remote Medical Facility	. 80

Unit XI: Consultation/Referral

MODULE 1: CONSULTATION/REFERRAL

TASKS

a. Recommend need for consultation/referral

b. Initiate consultation/referral

PERFORMANCE OBJECTIVE

(Stimulus) When a preliminary examination and/or screening or significant change in patient's condition indicates the need for physician consultation and/or possible transfer to a medical facility adequate for managing the patient's condition

(Behavior) The AGDC will recommend needed action to superiors and initiate the consultation and/or referral

(Criteria) According to established protocol, with accurate and prompt determination of factors in patient's condition necessitating consultation/referral

(Consequence) Referral of patient and/or consultation with physician to direct care of patient

(Next Action) Transfer patient to appropriate facility, if necessary

KNOWLEDGES AND SKILLS

Recognition of need for consultation, referral or transfer

Unit XI: Consultation/Referral

MODULE 2: TRANSFER OF PATIENT TO REMOTE MEDICAL FACILITY

TASKS a. Coordinate transfer of patient to remote medical facility

PERFORMANCE OBJECTIVE

(Stimulus) When a patient must be transported to a remote medical facility

(Behavior) The AGDC will coordinate the transfer process, e.g., contact the facility, obtain appropriate transportation and verify completeness of patient's medical records

(Criteria) According to protocol and patient's condition (Consequence) Patient is safely and expeditiously transferred to appropriate medical facility

(Next Action) Follow up transferred patient via telephone and/or written communication

KNOWLEDGES AND SKILLS

Procedures for coordination of patient transfer to remote medical facility

COMPETENCY UNIT XII: MINOR SURGERY

This unit includes the following modules:

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2	Bleeder Control	83
3	Local Anesthesia	84
4	Excision of Cyst	85
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6	Suturing Minor Wounds	87
7	Facial Suturing	88
8	Intravenous Cutdown	89

Unit XII: Minor Surgery

MODULE 1: SETTING UP INSTRUMENTS

TASKS a. Select/set up instruments for minor surgical

procedure

PERFORMANCE OBJECTIVE

(Stimulus) When ordered to set up for a minor surgical

procedure

(Behavior) The AGDC will locate and open appropriate sterile

pack or tray and any other instruments that may be required; if not used immediately, the AGDC

will drape the area with a sterile drape

(Conditions) Without assistance; in a surgical situation;

using required packs/trays, instruments,

drapes

(Criteria) Using sterile technique; sterile pack or tray

opened without contamination; other appropriate instruments added without additional requests

from surgeon

(Consequence) A sterile instrument set ready for use in a minor

surgical procedure

(Next Action) Perform or assist with procedure

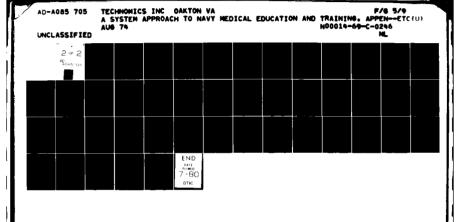
KNOWLEDGES AND SKILLS

Instruments required for procedure

Sterile technique

Techniques to open and close packs and trays

without contamination



Unit XII: Minor Surgery

MODULE 2: BLEEDER CONTROL

TASKS

a. Cauterize bleeders with chemical, e.g., silver nitrate stick, powder

b. Clamp blood vessels

c. Apply pressure dressing

PERFORMANCE OBJECTIVE

(Stimulus)
(Behavior)

(Behavior)

(Conditions)

(Conditions)

(Conditions)

(Conditions)

(Criteria)

(Consequence)
(Next Action)

Having a patient with a bleeding wound
The AGDC will control the bleeding, e.g.,
cauterize, clamp, apply pressure dressing
With supervision; using cauterizer, silver
nitrate sticks, clamps, dressings
Control and stoppage of bleeding
Bleeding will be controlled and stopped
Suture wound

KNOWLEDGES AND SKILLS

Principles and techniques of cauterization Principles and techniques for clamping Techniques to calm/soothe patient Use of pressure dressings

Unit XII: Minor Surgery

MODULE 3: LOCAL ANESTHESIA

TASKS

Choose proper anesthetic a.

Administer tissue infiltration/local anesthetic

Apply topical anesthetic

PERFORMANCE OBJECTIVE

(Stimulus) When local anesthesia is required for minor surgery (Behavior) The AGDC will prepare the patient and administer

the local anesthetic by injection or topical

application

(Conditions) Using an anesthetic, syringe and needle, alcohol

(Criteria) Administered at site of minor surgery until

anesthesia is obtained

Patient anesthetized at site of minor surgery (Consequence)

(Next Action) Perform the minor surgical procedure

KNOWLEDGES AND SKILLS

Types of anesthetics Anatomy and physiology

Techniques for administering anesthetics

Recognition of adverse reactions to anesthetic Methods for evaluation of depth of anesthesia

Manual dexterity

Unit XII: Minor Surgery

MODULE 4: EXCISION OF CYST

TASKS

a. Excise sebaceous cyst/lipoma

PERFORMANCE OBJECTIVE

(Stimulus) When a patient presents with a sebaceous cyst

or lipoma

(Behavior) The AGDC, after verifying that it is in fact

a cyst and that it is not infectious, will prepare the surgical site, administer a local

anesthetic and excise and remove the cyst

(Conditions) Without supervision; using appropriate instruments

and supplies

(Criteria) Maintaining sterile technique; no infection develops;

scaring is minimal as judged by supervisor

(Consequence) Cyst is removed without complications and with

minimal scar tissue

(Next Action) Follow up/evaluate patient treatment

KNOWLEDGES AND SKILLS

Anatomy and physiology of skin

Minor surgical techniques

Techniques to secure patient confidence

Suturing procedures

Unit XII: Minor Surgery

MODULE 5: WART REMOVAL

TASKS a. Tre

a. Treat wart with chemical agent, e.g.,

trichloracetic acid

b. Treat wart with liquid nitrogen

c. Dress area

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient with a wart to be

removed

(Behavior) The AGDC will set up instruments and chemical

agents for wart removal, prepare surgical site

and remove wart from affected area

(Conditions) With technical supervision; using appropriate

chemical agents and instruments

(Criteria) Performed quickly and professionally according

to procedures in Merck Manual; no adverse side

effects develop, e.g., infection

(Consequence) Removal of the patient's wart as painlessly as

possible and with no resulting infection

(Next Action) Dress as directed

KNOWLEDGES AND SKILLS

Chemical agent to use

Procedure to use

Handling of sterile supplies

Handling of chemicals

Unit XII: Minor Surgery

MODULE 6: SUTURING MINOR WOUNDS

TASKS

a. Perform surgical preparation of skin site

b. Administer local/topical anesthetic

c. Suture skin

PERFORMANCE OBJECTIVE

(Stimulus) When a patient presents himself with a minor laceration (nonfacial) requiring sutures

(Behavior) The AGDC will prepare the skin site, administer a local or topical anesthetic and suture the

laceration

(Conditions) Without supervision; using appropriate materials

and equipment, e.g., suture set, suture materials,

antiseptic agents, razor

(Criteria) Good approximation of skin with sutures neatly

applied according to unit standards; maintenance

of sterile technique

(Consequence) These actions will result in closure of the

laceration by safe application of sutures, promotion of healing and minimal risk of

infection

(Next Action) Apply the appropriate dressing

KNOWLEDGES AND SKILLS

Related anatomy and physiology
Related pharmacology
Sterile technique as related to suturing
Selection of type and size of suture materials
to be used according to area and stress factor
Suturing principles and techniques
Techniques for isolating and controlling bleeders
Techniques for physically and psychologically
preparing patient
Discrimination between tissue layers
Current immunization schedule for tetanus
prophylaxis
Infiltration technique

Unit XII: Minor Surgery

MODULE 7: FACIAL SUTURING

TASKS

Suture facial lacerations

b. Suture muscle

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient with a facial laceration

involving skin and/or muscle

(Behavior) The AGDC will prepare the site, administer a

local anesthetic and suture the involved area (Conditions) With supervision by physician (exception in

selected cases); using the surgical tools and

equipment required to perform the procedure

(Criteria) According to physician's orders

Proper and effective closure of facial laceration (Consequence)

with good cosmetic effect

Use of surgical equipment

(Next Action) Apply appropriate sterile dressing to wound

area

KNOWLEDGES AND SKILLS

Anatomy and physiology of facial skin, muscles and underlying structures Use and operation of appropriate surgical instruments Appropriate suture material Suturing techniques Protocol established by command policies Manual dexterity

Unit XII: Minor Surgery

MODULE 8: INTRAVENOUS CUTDOWN

TASKS

a. Perform intravenous cutdown

PERFORMANCE OBJECTIVE

(Stimulus) When a patient requiring I.V. therapy has collapsed or inaccessible veins or requires fluid therapy over a significant period of time

(Behavior) The AGDC will prepare the skin site, make an incision and insert an intracath or cannula, or

(Conditions) With assistance; using cutdown set, cannula intracath and other appropriate supplies

(Criteria) Performed efficiently and quickly under sterile conditions, according to established procedures

and using correct size or number intracath

or cannula

(Consequence) Establishment of route of administration for

I.V. fluids

(Next Action) Connect to I.V. tubing

KNOWLEDGES AND SKILLS

Circulatory system
Materials to be used
Cutdown procedures
Recognition of need for I.V. cutdown

COMPETENCY UNIT XIII: ROUTINE ENVIRONMENTAL HEALTH PROCEDURES

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Unit XIII: Routine Environmental Health Procedures

MODULE 1: IMMUNIZATIONS

TASKS

a. Conduct and administer immunization programs

b. Maintain jet hypodermic injection apparatus

PERFORMANCE OBJECTIVE

(Behavior) The AGDC will conduct and administer immunization programs by various methods (oral or intramuscular/subcutaneous injection) as indicated

(Conditions) With indirect supervision; using glass and plastic syringes, needles, jet hypodermic injection

apparatus, antigen

(Consequence) Personnel receive immunizations necessary to protect them from disease

(Next Action) Record personnel immunizations in the health records

KNOWLEDGES AND SKILLS

Types of immunizations
Proper methods and technique for administering immunizations
Preservation and storage of antigen
Recognition of symptoms of anaphylactic shock
Emergency treatment for anaphylactic shock
Intervals for booster shots
Exemptions from immunizations
Procedures and techniques for organizing immunization programs
Preparation, sterilization, use and maintenance of immunization equipment, e.g., jet hypodermic apparatus, glass and plastic syringes, needles

Use of metric measurements

Unit XIII: Routine Environmental Health Procedures

MODULE 2: TUBERCULIN SKIN TESTING

TASKS a. Give tuberculin Mantoux skin test

b. Read tuberculin test reaction

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient known to have been

exposed to tuberculosis

(Behavior) The AGDC will administer a tuberculin skin

test by injecting intradermally 0.1 cc of tuberculin purified protein derivative (PPD)

and, after 48 to 72 hours, will measure

the reaction

(Conditions) With indirect supervision; using appropriate

equipment and supplies

(Consequence) Administration and measurement of tuberculin

skin test

(Next Action) Refer personnel with a reaction measuring nine

millimeters or more of induration for follow-up

studies

KNOWLEDGES AND SKILLS

Differentiation between induration and erythema Administration of intradermal injections Principles and procedures for tuberculin

testing

Measuring by the metric system

Unit XIII: Routine Environmental Health Procedures

MODULE 3: VENEREAL DISEASE INTERVIEWING

TASKS

- a. Obtain medical histories for epidemiologic report
- b. Interview VD patient
- c. Obtain patient's social and family history

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving a patient with a confirmed venereal disease report

(Behavior) The AGDC will conduct a venereal disease

epidemiologic interview

(Conditions) Without supervision; in private; using the DOD

Venereal Disease Interviewer's Guide as a

reference

-(Criteria) Complete and accurate information obtained

regarding the patient's social and family

history with particular attention to his sexual

patterns and contacts

(Consequence) Information on sources of venereal disease

infection will be obtained for tracing and

treatment

(Next Action) Record appropriate information on necessary

report forms

KNOWLEDGES AND SKILLS

Techniques to communicate with apprehensive patients

Interpretation of written instructions
Types of venereal diseases and their etiology
Venereal disease interviewing techniques

Preparation of written reports

Techniques to control the interview

Ability to talk on the level of the interviewee Ability to establish rapport with the interviewee

Unit XIII: Routine Environmental Health Procedures

MODULE 4: VENEREAL DISEASE REPORTING

agencies

TASKS

- a. Prepare reports for transmittal to other commands
- b. Complete report forms on VD contact
- c. Draft official correspondence

PERFORMANCE OBJECTIVE

(Stimulus)	Following a venereal disease interview
(Behavior)	The AGDC will complete the Venereal Disease
	Epidemiological Report (USPHS Form 2683),
	transcribing all available information on
	identity, description and location of sexual contacts mentioned
(Conditions)	Without supervision; using a separate USPHS Form 2683 for each contact
(Criteria)	According to current U.S. Navy directives
(Consequence)	Necessary reports are completed to permit
•	location and treatment of patient's sexual contacts
(Next Action)	Submit completed epidemiologic report to the
•	appropriate civilian and military health

KNOWLEDGES AND SKILLS

Procedures for preparation of USPHS Form 2683
Where to send completed forms
Techniques for communicating effectively in writing and drafting written reports

Unit XIII: Routine Environmental Health Procedures

MODULE 5: INVESTIGATION OF FOODBORNE OR WATERBORNE DISEASE
OUTBREAK

TASKS

a. Collect case histories

- b. Construct a time of onset graphc. Construct an attack rate table
- d. Collect food samples for the laboratory
- e. Collect stool and/or vomitus samples from patients for laboratory

PERFORMANCE OBJECTIVE

(Stimulus) In the event of an outbreak of foodborne disease (Behavior) The AGDC will initiate and carry out epidemiologic

procedures to identify the cause of disease,

mode of spread and probable reservoir of infection, and will complete the appropriate report forms

(Conditions) Without supervision

(Criteria) According to procedures outlined in The

Investigation of Foodborne Disease Outbreaks (2nd ed., 1966, International Association of

Milk, Food and Environmental Sanitarians, Inc.)

(Consequence) This procedure will identify the source of the epidemic so that steps can be taken to correct

epidemic so that steps can be taken to correct the situation and/or prevent similar outbreaks

in the future

KNOWLEDGES AND SKILLS

Types of infectious food poisonings
Types of chemical food poisonings

Incubation periods for various foodborne infections or poisonings

Common reservoirs of the various foodborne infections

Principles and techniques for collecting, preparing and shipping material (samples)

to laboratory for inspection

Construction of time of onset graph

Technique for interpreting time of onset graph to determine contaminated meal

Survey techniques

Patient interviewing techniques

Record keeping on standard questionnaires

Selection of samples to be collected

Preparation of attack rate table

Principles and techniques of data analysis

Remedial procedures

Unit XIII: Routine Environmental Health Procedures

MODULE 6: EXAMINATION AND EVALUATION OF POTABLE WATER SUPPLY SYSTEMS

TASKS

a. Inspect watershed areas

b. Inspect water treatment plant procedures

c. Make a survey of treated water supply,

e.g., tap, tanks

d. Determine whether water is safe for drinking

PERFORMANCE OBJECTIVE

(Stimulus) When the need arises

(Behavior) The AGDC will conduct a survey of the water

supply systems (including watershed, treatment

plant and distribution system) for health

hazards

(Conditions) Using appropriate equipment, e.g., membrane

filter, water test kits for chlorine, pH, salinity, iron, hardness, dissolved oxygen,

etc.

(Consequence) Assure potable water sources

KNOWLEDGES AND SKILLS

Water treatment processes ashore and afloat Geology (water strata), hydrology Public health standards for water Water handling equipment The physical and chemical characteristics of

water Distribution systems

Water sources

Water tracing techniques

Standard methods for the analysis of water and waste water

Basic map making

Preparation of schematics

Preparation of schematics

Collection, preservation and shipment of samples

for laboratory examination

Principles and procedures for performing certain physical, chemical, microbiologic and tracer

studies in the field

Recognition of cross connections, back siphonage and back flow problems in the distribution system

Unit XIII: Routine Environmental Health Procedures

MODULE 7: CHLORINE TESTING

TASKS

- a. Determine chlorine content of potable water
- b. Interpret analysis results to specify appropriate use of water, e.g., drinking, washing
- c. Determine cause and recommend correction of incomplete water purification

PERFORMANCE OBJECTIVE

(Stimulus)

At specified intervals

(Behavior)

The AGDC will determine the free available chlorine residual, pH and temperature of potable water and interpret analysis results to specify corrective measures for any discrepancies found

(Conditions)

(Criteria)

Using a chlorine and pH colorimeter, thermometer According to the Manual of Naval Preventive

Medicine (NavMed P5010)

(Consequence)

Identification of insufficient chlorination when

the condition exists

(Next Action)

Correct any discrepancies

clear instructions

KNOWLEDGES AND SKILLS

Water chemistry
Theory of chlorine disinfection of water
Forms of chlorine available for use
Safety factors of chlorine
Factors affecting chlorine efficiency
Substances that can increase chlorine efficiency
Use of chlorine test kit
Break point of chlorine
Procedures to determine chlorine demand of water
Procedures to determine free and combined
available chlorine
Procedures to perform pH test on water that
has not been bleached out by chlorine
Technique for explaining procedures and giving

Unit XIII: Routine Environmental Health Procedures

MODULE 8: WATER CHLORINATION PROCEDURES

TASKS

- a. Calculate amount of chlorine required for treatment of drinking water
- b. Do chlorination of drinking water
- c. Set up/review chlorine residual and pH record keeping
- d. Recommend purification procedures for raw water supplies
- e. Determine break point chlorination of water

PERFORMANCE OBJECTIVE

(Stimulus)

Upon determination of a need for chlorination and in the absence of regular water treatment personnel

(Behavior)

The AGDC will calculate the amount of chlorine needed, chlorinate the water and set up and review chlorine, pH and temperature records Using chlorination equipment when available According to the Manual of Naval Preventive

(Conditions) (Criteria)

(Consequence)

(Next Action)

Medicine (NavMed P5010)
An adequately chlorinated water supply
Make appropriate entries in the chlorine

residual records

KNOWLEDGES AND SKILLS

Types of chlorine Safety precautions in handling chlorine Definitions of residuals, free available chlorine and combined available chlorine Theory of chlorine disinfection Factors affecting chlorine disinfection Understanding and calculating chlorine demand Methods used in chlorination practices Substances that increase the efficiency of chlorination Calculation of chlorine dosage required for a given volume of water Calibration and maintenance of direct displacement pumps Improvisation of Venturi principles in emergency chlorination of water supplies

Procedures for isolating and disinfecting contaminated areas of a distribution system

Unit XIII: Routine Environmental Health Procedures

MODULE 9: RODENT SURVEY

TASKS

- a. Inspect spaces for rodent infestation
- b. Do live trapping of rodents
- c. Check animal for presence of ectoparasite
- d. Conduct surveys of shipboard disease vectors
- e. Do quarantine inspection of vessels
- f. Conduct ship deratization exemption inspection
- g. Identify genus and species of animals
- h. Conduct/supervise vector control survey
- i. Inspect and certify retrograde cargo
- j. Prepare and ship rodent specimens

PERFORMANCE OBJECTIVE

(Stimulus)

When scheduled (e.g., shipboard deratization inspection, shipboard deratization exemption inspection) or upon reported, suspected or observed presence of rodents in an area

(Behavior)

The AGDC will conduct a rodent survey and determine the extent of rodent infestation. All rodents captured during the survey will be identified as to genus and species and their

ectoparasites removed and identified

(Conditions)

Using appropriate equipment, e.g., tracking patches, live traps, ultraviolet lights

(Criteria)

According to the Manual of Naval Preventive Medicine (NavMed P5010) and the USPHS Center for Disease Control Booklet on Rodent Control

(Consequence)

Information for determining if a rodent problem exists in a given area

(Next Action)

Initiate a rodent control program

KNOWLEDGES AND SKILLS

Recognition of signs of rodent infestation, e.g., droppings, hairs, rubbings, gnawings Rodent and ectoparasite life cycles, habitats and behavior

Survey techniques for rodents and ectoparasites Techniques for rodent inspection on ship Internal quarantine regulations that apply to rodents on ships

U.S. Navy General Order 20

Knowledge of rodent-borne disease

Rodent population dynamics

Use of survey equipment, e.g., tracking patches, live traps, ultraviolet light

Use of biologic identification keys to identify rodents

Unit XIII: Routine Environmental Health Procedures

MODULE 10: RODENT CONTROL

TASKS

- a. Do ectoparasite extermination
- b. Do rodent extermination
- c. Select type of pesticide to be used for extermination
- d. Prepare rodenticides and insecticides for use
- e. Perform fumigation procedures
- f. Consult on rodent proofing of buildings
- g. Provide advice on vector/rodent control
- h. Teach personnel use and handling of pesticides
- i. Safeguard poisons
- j. Evaluate results of control measure

PERFORMANCE OBJECTIVE

(Stimulus)

When a rodent survey has indicated a need

(Behavior)

The AGDC will institute a rodent control program after the area has been treated with pesticides/

insecticides for the control of rodent

ectoparasites, will consult with construction and maintenance personnel on rodent proofing buildings ashore and will provide advice on

rodent control aboard ship

(Conditions)

With limited supervision; using wooden rat

traps, poison bait, pesticides

(Consequence)

Minimized threat of disease from rodents or

rodent ectoparasites

(Next Action)

Maintain a schedule of routine rodent surveys to check that rodents do not repopulate an area where eradication has been successfully carried

out

KNOWLEDGES AND SKILLS

Rodent and ectoparasite behavior, habitat and life cycles

Types of rodent-borne diseases

Awareness of rodenticide safety procedures and uses

Rodent control procedures, e.g., Handbook of Pest Control, by Mallis

Fumigation practices

Pesticide formulation procedures for rodents

and ectoparasites

Rodent population dynamics

MODULE 10 (Continued)

Ectoparasite control procedures in a rodentinfested area
Construction of bait stations
Placement of traps to take advantage of rodent
behavioral patterns
Preparation (formulation, mixing and placement)
of rodenticide baits

Unit XIII: Routine Environmental Health Procedures

MODULE 11: ARTHROPOD IDENTIFICATION

TASKS

- Identify parasitic and disease carrying arthropods
- b. Determine kind of pest infestation
- c. Identify genus and species of arthropods

PERFORMANCE OBJECTIVE

(Stimulus) Upon receipt of a specimen collected in the

survey

(Behavior) The AGDC will identify the specimen

(Conditions) With limited supervision; using a stereomicroscope,

compound microscope, hand lens, biologic

identification keys

(Consequence) Information produced for determining if a

vectorborne disease threat exists

(Next Action) Treat the survey area with pesticides or by

integrated pest control methods if necessary

KNOWLEDGES AND SKILLS

Arthropod morphology and taxonomy

Use of taxonomic keys

Use of optical magnification equipment, e.g.,

dissecting microscope

Use of dissecting instruments in manipulating

minute specimens

Arthropod population dynamics

Unit XIII: Routine Environmental Health Procedures

MODULE 12: ANIMAL, SNAKE AND INSECT BITES

TASKS

- a. Examine for symptoms of snake bites
- b. Instruct personnel on action to be taken following animal/insect bite
- c. Notify health authorities of animal bite incidents

Unit XIII: Routine Environmental Health Procedures

MODULE 13: PESTICIDE HANDLING AND SAFETY

TASKS

Safeguard poisons a.

Inspect for use of protective clothing in b. occupationally hazardous areas

Conduct surveys on misuse of toxic materials

PERFORMANCE OBJECTIVE

(Stimulus) (Behavior) When use of pesticides is required The AGDC will ensure that all pesticides are being handled and applied safely, e.g., select necessary and appropriate safety equipment; insure that pesticides are stored in proper containers under lock and key; ensure that pesticides are handled and mixed in clean, ventilated areas that can be locked when not in use; dispose of or supervise proper disposition

of waste or excess pesticides and insure that all personnel who handle or apply pesticides that cause a reduction of the enzyme cholinesterase

are given routine physical examinations as

required by BuMed Instructions and Navy

Civilian Personnel Instructions

(Conditions)

With minimal supervision; using safety equipment, e.g., pesticide resistant clothing, respirators equipped with proper filter pads, gas masks, airline masks

(Criteria)

Observing all federal, state and governmental agencies' regulations; disposition of waste or excess pesticides according to current regulations of the Environmental Protection Agency (EPA), the Navy Manual of Preventive Medicine (NavMed P5010), Military Entomology Operational Handbook (NavDocks MO-310) and other current

instructions

handling

(Consequence)

Pesticides will be applied so as not to cause any adverse effect on the applicator, environment or nontarget living organisms

KNOWLEDGES AND SKILLS

Pesticide regulations of EPA/USDA/DOD Pesticide toxicity (LD₅₀ acute oral and dermal Pesticide safety procedures for application and

Unit XIII: Routine Environmental Health Procedures

MODULE 14: INSPECTION OF FOOD SERVICE PERSONNEL

TASKS

- a. Inspect catering operations and personnel
- b. Inspect food handlers for cleanliness

and proper attire

c. Review histories and physicals of personnel

PERFORMANCE OBJECTIVE

(Stimulus)

Upon determination of need

(Behavior)

The AGDC will inspect all food service personnel in the galley or areas where food handlers are stationed

(Conditions)

(Consequence)

(Criteria)

Without supervision; using personnel records Food handling personnel must meet physical standards set out in the Manual of Naval Preventive Medicine (NavMed P5010), be clean and neat in attire and have no open sores or

wounds that could spread contaminants

health hazards

This action will determine whether food service personnel are fit to perform food service duties

(Next Action) Report results

KNOWLEDGES AND SKILLS

Physical standards for food service personnel Symptoms of various communicable diseases Good hygiene practices Recognition of personnel who may be potential

Unit XIII: Routine Environmental Health Procedures

MODULE 15: INSPECTION OF FOOD SERVICE FACILITIES

TASKS

- a. Inspect spaces for cleanliness
- b. Inspect bakeries for hygienic conditions
- c. Inspect dairy products packaging and storage facilities
- d. Inspect working areas to ensure they meet sanitary standards
- e. Inspect food storage facilities for required temperature control
- f. Inspect toilets and washrooms
- g. Inspect kitchens for cleanliness
- h. Inspect for health hazards in kitchens
- i. Inspect mobile canteens
- j. Inspect vending machines
- k. Inspect civilian mess areas
- 1. Inspect indigenous eating and drinking facilities
- m. Inspect coffee mess/dining room
- n. Inspect spaces for insect infestation
- c. Inspect spaces for rodent infestation
- p. Inspect dishwashing procedures
- q. Inspect any food preparation/service area
- r. Inspect for adequate handwashing facilities
- s. Inspect waste storage and disposal area
- t. Inspect structure (i.e., floors, walls, ceilings) for good repair, ease of cleaning, preventive measures against insects and rodents, adequacy of lighting, plumbing, ventilation

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of need

(Behavior) The AGDC will inspect pertinent food service areas

(Criteria) Food service areas must meet standards set forth in the Manual of Naval Preventive Medicine (NavMed

P5010), e.g., be clean, free from vermin, in satisfactory operation, in an overall sanitary condition and free of potential health and/or

safety/fire hazards

(Consequence) A determination of whether the food service

preparation facilities meet prescribed sanitary

standards

(Next Action) Correct any discrepancies found

MODULE 15 (Continued)

KNOWLEDGES AND SKILLS

Standards for food service areas and equipment Equipment used for refrigeration and the temperatures required Dairy sanitation from source to consumer Methods of food preservation Methods of food storage and factors affecting spoilage of foods Special precautions in storage, preparation and serving of food and drink Detergents and sanitizers Design criteria for food service facilities, equipment and utensils Agents involved in foodborne illnesses Techniques and principles of reading and calibrating thermometers Procedures for conversion between Fahrenheit and Centigrade scales Principles and techniques for disassembling and reassembling various pieces of food service equipment, e.g., dishwasher Use of ultraviolet light as an inspection tool Procedures to determine volumetric dimensions of food service operation Safe and effective methods of rodent and insect control in a food service operation Use of a sling psychrometer in humidity determinations Recognition of existing and potential crossconnections, back siphonage, submerged inlets in the plumbing Standards set by BuSandA, BuShips, BuDocks, F.D.A., USPHS and U.S. Department of Agriculture Recognition of safety hazards (fire, electrical, falls, etc.) Procedures for determination of sanitary efficiency of liquid and/or solid waste disposal Procedures for determination of effectiveness of bactericidal treatment

Unit XIII: Routine Environmental Health Procedures

MODULE 16: INSPECTION OF FOOD PRODUCTS

TASKS

- a. Determine if food is fit/unfit for human consumption
- b. Do smell and taste tests on milk
- c. Inspect fresh produce
- d. Provide advice on food edibility/ water potability
- e. Treat fresh fruits and vegetables suspected of bacterial/parasite contamination

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of need

(Behavior) The AGDC will inspect all subsistence items in

food service areas

(Conditions) Using a thermometer

(Criteria) According to Navy standards and the Manual of

Naval Preventive Medicine (NavMed P5010)

(Consequence) These actions will determine whether food

items are fit or unfit for human consumption

KNOWLEDGES AND SKILLS

Food standards for freshness and potability What food items are most likely to spoil easily Required temperature for the various items How stock is rotated Microorganisms important in food microbiology Principles of food preservation Principles of food spoilage Recognition of food spoilage Principles of food storage, including timetemperature relationships Agents involved in foodborne illnesses Reservoirs of disease-producing agents Primary and secondary sources of food contaminants Multiplication of bacterial food contaminants Principles and techniques for performing various examinations, e.g., for the presence of adulterants, for spoilage, organoleptic examination, microbiologic examinations to ascertain degree of chemical disinfection

given certain foods

MODULE 16 (Continued)

Use of ultraviolet light as an inspection tool Collection, preservation and shipment techniques for samples to be sent for laboratory testing Techniques for communication with food service

Unit XIII: Routine Environmental Health Procedures

MODULE 17: SEWAGE TREATMENT

TASKS

Inspect sewage treatment and disposal systems Train nonmedical personnel in treatment and

sampling of shipboard sewage

PERFORMANCE OBJECTIVE

When necessary (Stimulus)

The AGDC will inspect the sewage treatment and (Behavior) disposal system for health hazards, sample and analyze the sewage in its various stages of treatment and teach nonmedical personnel the procedures for sewage treatment, sampling and

testing

(Criteria) According to standards set forth by BuShips,

BuDocks, BuMed and the Manual of Naval

Preventive Medicine

Verification that a condition that might be (Consequence)

> hazardous to the health of personnel is not present in the treatment and disposal system

KNOWLEDGES AND SKILLS

Field sewage disposal methods Septic tank systems Shipboard sewage disposal Biology of waste water Waste water examination procedures Waste water unit operations

Sludge treatment and disposal

Teaching skills

Sewage treatment plants (primary-sedimentation, secondary-biological exudation, tertiarypolishing)

Principles and techniques of various tests, e.g., biochemical oxygen demand, pH determinations, dissolved oxygen tests, chlorine residual tests, various related microbiologic tests

Recognition of cross-connections, back siphonage and back flow

Industrial waterborne wastes

Oxidation ponds or lagoons

Procedures to collect, preserve and ship samples

for laboratory examination

Principles and techniques for use of fluorescein dye or other indicator to trace contaminations

Unit XIII: Routine Environmental Health Procedures

MODULE 18: FIELD HABITABILITY INSPECTION

TASKS

- a. Inspect field sanitation facilities
- b. Recommend type of sanitation facilities for field construction
 - . Supervise construction of wash-up hygienic facilities at field location
- d. Inspect shower facilities
- e. Inspect watershed areas
- f. Specify preventive measures for effects of cold weather
- g. Specify preventive measures for effects of hot weather

PERFORMANCE OBJECTIVE

(Stimulus) Upon determination of need

(Behavior) The AGDC will inspect field sanitation facilities

and field areas of operation and will make recommendations for placement and construction

of tents and sanitation/hygiene facilities

(Conditions) Without supervision

(Criteria) According to guidelines set forth in the Manual

of Naval Preventive Medicine (NavMed P5010) and

the Landing Party Manual (OpNav P34-03)

(Consequence) Adequate field sanitation and hygiene facilities

are provided during field operations to

protect the health of personnel in the field

KNOWLEDGES AND SKILLS

Requirements for field hygiene and sanitation

facilities

Geology (cold and tropical)

Water- and foodborne diseases

Personal hygiene Tropical plants

Venomous reptiles

Interpretation of written orders

Instructional skills

Written and spoken communications skills

Unit XIII: Routine Environmental Health Procedures

MODULE 19: FIELD FOOD AND WATER INSPECTION

TASKS

- a. Inspect kitchens for cleanliness
- b. Inspect dishwashing procedures for effectiveness
- c. Inspect food storage areas for temperature, vermin, etc.
- d. Treat fresh fruits and vegetables suspected of bacterial/parasite contamination
- e. Inspect watershed areas
- f. Determine whether water is safe for raw water supply
- g. Recommend purification procedures for raw water supply

PERFORMANCE OBJECTIVE

(Stimulus) Whe

When necessary

(Behavior)

The AGDC will inspect field food and water facilities

(Conditions)

Without supervision; using a thermometer

(Criteria)

According to guidelines in the Manual of Naval Preventive Medicine (NavMed P5010) and the

Landing Party Manual (OpNav P34-03)

(Consequence)

Risk of food- or waterborne infection is reduced

KNOWLEDGES AND SKILLS

Food and water sanitation standards

Techniques to chlorinate water in water buffalo

or lyster bag

Techniques to read a thermometer

Techniques to perform chlorine testing

Principles of field kitchen layout

Principles of field food sanitation Principles of field water treatment

Recognition of food spoilage

Unit XIII: Routine Environmental Health Procedures

MODULE 20: FIELD WASTE DISPOSAL

TASKS a.

a. Inspect waste disposal operationb. Inspect refuse disposal facilities

c. Provide advice on disposal of human excreta

PERFORMANCE OBJECTIVE

(Stimulus) When necessary

(Behavior) The AGDC will inspect waste disposal methods

in the field and recommend methods of refuse

and human waste disposal

(Conditions) Without supervision

(Criteria) According to Manual of Naval Preventive Medicine

(NavMed P5010)

(Consequence) Elimination of field sanitation situations

detrimental to the health and safety of personnel

KNOWLEDGES AND SKILLS

Geology

Field operations

Field sanitation principles

Methods of human waste disposal, e.g., cat hole,

straddle trench, pit latrine

Methods of refuse disposal, e.g., hillside incinerator, box-type, baffle grease traps

Unit XIII: Routine Environmental Health Procedures

MODULE 21: SPECIAL OPERATIONS--GEOGRAPHIC REGIONS

TASKS

a. Specify preventive measures for effects of cold weather

b. Specify preventive measures for effects of hot weather

PERFORMANCE OBJECTIVE

(Stimulus) When arriving in a cold weather or tropical

region

(Behavior) The AGDC will establish a preventive medicine

program by selecting campsites, procuring and storing water, employing special devices for sanitary disposal of waste and determining proper handling, transporting and preparing of

food under specific conditions encountered (Criteria) Adequate compensation for the effects of cold

or hot weather operations

(Consequence) This action will result in safe and effective

operations in a hot or cold weather area

KNOWLEDGES AND SKILLS

Geology (cold and tropical)
Water- and foodborne diseases
Personal hygiene
Tropical plants
Venomous reptiles
Instructional techniques
Attention to detail

Unit XIII: Routine Environmental Health Procedures

MODULE 22: HABITABILITY INSPECTIONS AND SURVEYS

TASKS

- a. Inspect beauty shop
- b. Inspect barber shop
- c. Judge the habitability of officer and enlisted living quarters
- d. Inspect shower facilities
- e. Inspect toilets and wash rooms
- f. Inspect spaces for insect infestation
- g. Inspect spaces for rodent infestation
- h. Inspect berthing areas
- i. Monitor contract housekeeping services
- j. Inspect schools/nurseries for hygienic conditions
- k. Inspect recreational facilities for hygienic conditions
- Inspect office facilities and other work areas
- m. Perform routine safety inspections
- n. Inspect spaces for adequate ventilation
- o. Inspect spaces for adequate lighting
- p. Take relative humidity readings
- q. Determine whether water is safe for recreational use, e.g., swimming pools, bathing beaches

PERFORMANCE OBJECTIVE

(Stimulus) When necessary

(Behavior) The AGDC will carry out such inspections and surveys as may be required to insure that the health, comfort and safety of military and other personnel and their dependents will be protected and will report results to commanding officer

(Conditions) Without supervision; using various light meters, anemotherm meter, almorvelometer, thermometer.

psychrometer
(Criteria) According to guidelines set forth in the Manual of Naval Preventive Medicine (NavMed P5010)

(Consequence) Discovery of any adverse conditions

(Next Action) Take appropriate actions to correct any adverse condition

MODULE 22 (Continued)

KNOWLEDGES AND SKILLS

Habitability effects on health
Standards of habitability and their significance
in affecting the habitability of spaces, e.g.,
electricity and lighting; heating and
ventilation; structural, fire and general
safety; waste storage and handling; pest control
water supply; plumbing and recreational water
supply

Use of associated equipment, e.g., light meters (e.g., G.E., Weston, Executive) anemotherm almor velometer, wet and dry bulb thermometers, psychrometer

Interpretation and correlation of instrument results and particular standard involved Observation techniques for assessment of cleanliness

Recognition of health and safety hazards Communication skills

Unit XIII: Routine Environmental Health Procedures

MODULE 23: INDUSTRIAL SAFETY INSPECTIONS

TASKS

a. Perform routine safety inspections

b. Remind personnel in occupationally hazardous areas to get required lab tests/physicals

PERFORMANCE OBJECTIVE

(Stimulus) Routinely and when necessary

(Behavior) The AGDC will conduct a general safety inspection of industrial areas such as shipyards or shipboard workshops, check for discrepancies in personnel

protection equipment and provide corrective advice

when necessary

(Conditions) With indirect supervision

(Consequence) This action will determine adequacy of personnel

protective measures in industrial areas

KNOWLEDGES AND SKILLS

Basic principles of industrial hygiene and

occupational health Safety regulations

Industrial operating procedures

Personnel protective equipment

Test equipment available Use of test equipment

Unit XIII: Routine Environmental Health Procedures

MODULE 24: CHECKING FOR ELECTRICAL HAZARDS

TASKS

- a. Check equipment for electrical grounding
- b. Inspect for health hazards in confined areas,
 - e.g., enclosed tanks
- c. Check level of static electricity (conductivity)
- of floor/air
- d. Check level of emissions from microwave ovens

PERFORMANCE OBJECTIVE

(Stimulus) Routinely and when necessary

(Behavior) The AGDC will conduct an electrical safety

inspection

(Conditions) With minimal supervision; using appropriate

testing equipment, e.g., electrical testing

meters

(Criteria) Accurately, according to established standards

(Consequence) Detection of electrical hazards

(Next Action) Report results

KNOWLEDGES AND SKILLS

Basic understanding of electricity
Electrical safety standards
Basic industrial hygiene and occupational health
Reading and calibration of meters
Related mathematical computations
Procedures for testing electrical equipment,
e.g., microlight testing equipment, mine
safety appliance, electrostatic sampler,
anemotherm meter, almorvelometer, microwave
oven testing equipment
Ionizing vs. nonionizing radiation

Unit XIII: Routine Environmental Health Procedures

MODULE 25: CHECKING FOR HAZARDOUS CASES AND FUMES

TASKS

- a. Check toxic potential of cleaning agents used in closed spaces
- b. Test for diesel gas fumes pollution of air
- c. Test for welding gases in industrial areas
- Test for carbon monoxide in closed spaces,
 e.g., cockpits
- e. Recommend improvements in procedures for control of air pollutants, e.g., fumes
- f. Inspect spaces for adequate ventilation

PERFORMANCE OBJECTIVE

(Stimulus) Routinely and when necessary

(Behavior) The AGDC will calibrate testing equipment, test for hazardous gases/fumes and proper ventilation

in working and living spaces and interpret results to determine if standard limits of concentration (i.e., TLV or MAC) have been

exceeded

(Conditions) Using air sampling equipment and volumeters,

e.g., Drager, Kitigawa

(Criteria) Accurately and according to equipment operation

manuals for detection of the exact concentration

of gases

(Consequence) This action will determine whether working

and living spaces have adequate ventilation and

are free of toxic gases and fumes

KNOWLEDGES AND SKILLS

Basic chemistry

Types of hazardous gases (e.g., carbon monoxide,

welding) and fumes
Basic industrial hygiene

Calibration of gauges and test equipment

Procedures for reading gauges

Techniques and principles for interpretation of

test findings

Standard acceptable limits of gas/fume

concentration, i.e., Threshold Limit Values (TLV) and Maximum Allowable Concentrations (MAC)

COMPETENCY UNIT XIV: ROUTINE DENTAL PROCEDURES

This unit includes the following modules:

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2	Soft Tissue Preliminary Examination Procedures	123
3	Emergency Evaluation of Treatment Requirements and Referral	124
4	Emergency Treatment	125

Unit XIV: Routine Dental Procedures

MODULE 1: TEETH EXAMINATION PROCEDURES

TASKS

- a. Observe for/report symptoms of caries, simple and advanced
- b. Observe for/report symptoms of obvious defective or missing restorations
- c. Examine for/report symptoms of postoperative complications
- d. Observe for/report symptoms of erosion of teeth
- Observe for/report symptoms of abrasion of teeth
- f. Observe for/report symptoms of attrition of teeth
- g. Observe for/report symptoms of malocclusion of teeth
- h. Observe for/report symptoms of supernumerary teath

PERFORMANCE OBJECTIVE

(Stimulus) When a patient is received who is in pain or seeking treatment

(Behavior) The AGDC will observe for, report and record on

patient records symptoms of caries, defective or missing restorations, postoperative complications,

erosion, abrasion and attrition of teeth, malocclusion and supernumerary teeth

(Conditions) With indirect supervision; using a mouth mirror,

explorer, x-ray, light, probe and articulating paper riteria)

In accordance with current AGDC rate training

(Criteria) In accordance with current AGDC rate training manuals or Color Atlas of Oral Pathology

(Consequence) This action will provide preliminary information

for diagnosis

(Next Action) Perform soft tissue preliminary examination

KNOWLEDGES AND SKILLS

Normal number, location and appearance of teeth Dental radiography
Symptoms of caries, postoperative complications, dry socket, erosion, abrasion and attrition of teeth, malocclusion and supernumerary teeth

Unit XIV: Routine Dental Procedures

MODULE 2: SOFT TISSUE PRELIMINARY EXAMINATION PROCEDURES

TASKS

a. Observe and report abnormalities of the soft tissue, e.g., size, color, exudates, heat, pain, loss of function

PERFORMANCE OBJECTIVE

(Stimulus) When a patient is received who is in pain or is seeking treatment

(Behavior) The AGCC will observe, report and record signs and symptoms of soft tissue abnormalities, e.g., size, color, exudates, heat, pain, loss of function of the soft tissues of the oral cavity, or adverse reactions to previous treatment/ medication

(Conditions) With supervision; using the mouth mirror, explorer, probe, lighting, x-ray and pressure indicating

(Criteria) Degree of signs and symptoms will be reported in accordance with current AGDC rate training manuals and the Color Atlas of Oral Pathology

(Consequence) This action will provide preliminary information for diagnosis

(Next Action) Diagnose and plan patient treatment or refer

KNOWLEDGES AND SKILLS

Symptoms and locations of gum conditions
Identification of periodontium by name, location,
structure and function
Normal and abnormal appearance of soft tissue of
oral cavity
Degree and types of pain
Dental radiograph interpretation
Common adverse reactions to dental treatment/
medication
Normal color perception

Unit XIV: Routine Dental Procedures

MODULE 3: EMERGENCY EVALUATION OF TREATMENT REQUIREMENTS AND REFERRAL

TASKS

- a. Evaluate need for emergency treatment
- b. Determine need to notify physician/nurse of patient's condition
- c. Consult physician or dentist to obtain information/advice
- d. Refer patient to physician/dentist for treatment
- e. Initiate and order diagnostic test

PERFORMANCE OBJECTIVE

(Stimulus) When a patient reports for relief of oral discomfort in the absence of the dentist The AGDC will examine the patient, evaluate the (Behavior) oral condition and determine if he should render emergency treatment, seek consultation or refer the patient (Conditions) Without supervision, in the absence of a dentist and in the presence or absence of a physician/ (Criteria) In accordance with current AGDC rate training manuals and the Color Atlas of Oral Pathology This action will result in relief of patient (Consequence) pain/discomfort and/or patient referral

KNOWLEDGES AND SKILLS

for condition

(Next Action)

Normal anatomy
Variations of normal hard and soft tissues
Techniques of proper examinations
Pathologic processes of appropriate disease
conditions
Techniques of using diagnostic information—
gathering equipment and instruments

Refer patient and/or provide emergency treatment

Unit XIV: Routine Dental Procedures

MODULE 4: EMERGENCY TREATMENT

TASKS

- a. Reapply periodontal pack
- Apply topical skin/lip/gingival medication, e.g., ointment, powder
- c. Apply topical medication to mucosal tissue
- d. Apply therapeutic agent to herpes labialis
- e. Control secondary hemorrhage from extraction
- f. Apply medication/treat carious lesion
- g. Irrigate pericoronitis
- h. Drain periodontal abscess
- i. Apply temporary sedative crown to fractured tooth
- j. Reinsert temporary crown
- k. Treat dry socket, cellulitis, gingivitis, etc.
- Evaluate patient's progress/response to therapeutic regime
- m. Give emergency treatment/first aid for local oral drug reaction

PERFORMANCE OBJECTIVE

(Stimulus) When the AGDC has evaluated the patient's condition and determined a need for treatment of patient's

pain and discomfort

(Behavior) The AGDC will perform limited emergency treatment

procedures

(Conditions) Without supervision, in the absence of a dentist

and in the presence or absence of a physician

(Criteria) According to current AGDC rate training manuals (Consequence) This action will relieve patient's pain and

uence) This action will relieve patient's pain and discomfort

gracowiore

(Next Action) Instruct patient to return for evaluation by

dentist at the start of the next working day

KNOWLEDGES AND SKILLS

Use of associated dental equipment

Use of dental materials

Medications

Recognition of normal and pathologic tissues

Sterile technique

Techniques for performing emergency treatment procedures

Competency: ADVANCED GENERAL DUTY CORPSMAN (AGDC)	
COMPETENCY UNIT XV: EQUIPMENT MAINTENANCE	
This unit includes the following modules:	
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Unit XV: Equipment Maintenance

MODULE 1: EQUIPMENT MAINTENANCE

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TASKS

- a. Review requisitions for equipment repair/ replacements
- b. Determine if repair is within unit capabilities
- c. Arrange for replacement/repair of equipment as required
- d. Coordinate with other sections for assistance in fabricating equipment